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Fill in this information to identify you	r case:	
United States Bankruptcy Court for the		-
Northern District of Illinois	X	
Case number (If known):	Chapter you are f	iling under:
	☑ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

JAN 17 2017

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part B Identify Yourself

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Shantae First name D Middle name	N/A First name Middle name
	Bring your picture identification to your meeting	Jackson Last name	
	with the trustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	N/A First name	First name
	Include your married or maiden names.	Middle name	Middle name
		Last name N/A	Last name
		First name	First name
		Middle name	Middle name
		Last name	Last name
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx - xx - <u>0</u> <u>8</u> <u>9</u> <u>7</u> OR  9 xx - xx	XXX - XX

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Debtor 1 Shantae D J			Case number (# known)
First Name Middle	Name Last Name	WWW. Wash Table Day	Coo Hamon (a Nova)
	About Debtor 1:	AP GRAND (TOTAL CONTROL OF A SINGLE PARTIES AND A SINGLE PARTIES OF A DESCRIPTION OF A	About Debtor 2 (Spouse Only in a Joint Case):
4. Any business names and Employer Identification Numbers (EIN) you have used in	d I have not used any business	names or EINs.	☐ I have not used any business names or EINs.
the last 8 years Include trade names and	Business name		Business name
doing business as names	Business name		Business name
	EIN	POWERALA AMERIKANSIN	EIN
	EIN	Andrew Andrews	EIN
. Where you live	hand year on the control of the cont	એ જ્યારિકો કે ઉપલબ્ધ કરવા કર્યાં હતી. કરતા કરતા કરતા કરતા હતા હતા હતા હતા હતા હતા હતા હતા હતા કરતા હતા.	If Debtor 2 lives at a different address:
	17724 Escanaba Ave		
	Number Street		Number Street
	Apt 2S		1
	Lansing City	IL 60438 State ZIP Code	City State ZIP Cod
	Cook	State ZIF Code	City State ZIP Cod
	County		County
	If your mailing address is different above, fill it in here. Note that the any notices to you at this mailing actions.	court will send	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	same		
	Number Street		Number Street
	P.O. Box		P.O. Box
	City	State ZIP Code	City State ZIP Code
Why you are choosing this district to file for	Check one:	deriver at a New 2000 North of the Same and the second and the second at 200 North of the second at 20	or the discontinuous and colors and approximately interest to the color of the colo
bankruptcy	Over the last 180 days before fill I have lived in this district longer other district.	ing this petition, than in any	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
	I have another reason. Explain. (See 28 U.S.C. § 1408.)		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Shantae D Jackson

Debtor 1

Debte	or 1 Snantae U Ja First Name Middle Na	ICKSON	Last Name	*		Case number (#	known)
Par	323 Tell the Court Abo	ut Your I	Bankrup	tcy Case			
E	he chapter of the Bankruptcy Code you	Check of	one. (For kruptcy (F	a brief description of each	h, see <i>Not</i> he top of p	tice Required by 1° page 1 and check t	1 U.S.C. § 342(b) for Individuals Filing he appropriate box.
	are choosing to file under	☑ Cha	pter 7				
		🔲 Cha	pter 11				
		☐ Cha	pter 12				
		☐ Cha	pter 13				
8. H	low you will pay the fee	loca you sub with  I ne App  I rec By I less	Il court for self, you mitting you a pre-pied to paulication if the self aw, a just than 15	or more details about he may pay with cash, or our payment on your brinted address.  By the fee in installment for Individuals to Pay 7  at my fee be waived (dge may, but is not req 0% of the official pover	now you reashier's cehalf, you may (You may puried to, rty line the	may pay. Typical check, or money our attorney may bu choose this or Fee in Installment request this optionally waive your fee, and applies to you are constant or the constant of the constant	eck with the clerk's office in your ly, if you are paying the fee order. If your attorney is pay with a credit card or check office, sign and attach the ents (Official Form 103A). It ion only if you are filing for Chapter 7, and may do so only if your income is a family size and you are unable to pust fill out the Application to Have the
		Cha	pter 7 Fi	iling Fee Waived (Offic	ial Form	103B) and file it	with your petition.
	ave you filed for	<b>☑</b> No					
	bankruptcy within the last 8 years?	Yes.	District		When	MM / DD / YYYY	Case number
			District		.14		
			District		When	MM / DD / YYYY	Case number
			District .		When		Case number
						MM / DD / YYYY	
	re any bankruptcy ases pending or being	No No					
fil	ed by a spouse who is	☐ Yes.	Debtor				Relationship to you
yo pa	ot filing this case with ou, or by a business artner, or by an filiate?		District _		When		Case number, if known
aı	imate :		Debtor _				Relationship to you
							Case number, if known
	you rent your sidence?	☐ No.	Go to fin	e 12. r landlord obtained an evi		ment against you a	and do you want to stay in your
			<b>☑</b> No. 6	Go to line 12.			
			Yes.	Fill out <i>Initial Statement i</i> pankruptcy petition.	About an I	Eviction Judgment	Against You (Form 101A) and file it with

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Debtor 1	Shantae D Ja	ackson		Con	a acceptance
	First Name Middle N		Last Name		e number (if known)
	<del>oblatical</del>				
Part 3	Report About Any	Busines	ses You Own as a S	ole Proprietor	
	e you a sole proprietor	No.	Go to Part 4.		
	any full- or part-time siness?	□ Vac	. Name and location of t		
	ole proprietorship is a	<b>—</b> 168	. Name and location of f	ousiness	
bus	iness you operate as an		No.		
	vidual, and is not a arate legal entity such as		Name of business, if any		
a co	orporation, partnership, or		Number Street		
LLC	ou have more than one		Number Street		
sole	proprietorship, use a				
	arate sheet and attach it nis petition.				
10 11	no poutoir.		City		State ZIP Code
				box to describe your busines	
				ss (as defined in 11 U.S.C.	• ••
				state (as defined in 11 U.S.	
			Stockbroker (as del	ined in 11 U.S.C. § 101(53A	))
			☐ Commodity Broker	(as defined in 11 U.S.C. § 10	01(6))
			☐ None of the above		
				The second secon	
Cha Ban are	you filing under spter 11 of the skruptcy Code and you a small business tor?	most re	<i>appropriate deadlines.</i> It cent balance sheet, state	you indicate that you are a :	ther you are a small business debtor so that it small business debtor, you must attach your w statement, and federal income tax return or if 11 U.S.C. § 1116(1)(B).
	a definition of <i>small</i>	🗹 No.	I am not filing under Cha	apter 11.	
busir	ness debtor, see	□ No.	I am filing under Chapte	r 11, but I am NOT a small t	ousiness debtor according to the definition in
110	l.S.C. § 101(51D).		the Bankruptcy Code.		and a containing to the definition in
		☐ Yes.	I am filing under Chapte Bankruptcy Code.	r 11 and I am a small busine	ess debtor according to the definition in the
Part 4:	Report if You Own	or Have	Any Hazardous Prop	erty or Any Property Ti	nat Needs Immediate Attention
_					
	ou own or have any perty that poses or is	No No			
alleg	jed to pose a threat	Tyes.	What is the hazard?		
	nminent and tifiable hazard to				
	inable nazard to ic health or safety?			-	
Or d	o you own any				
	erty that needs ediate attention?		If immediate attention is	s needed, why is it needed?	
	xample, do you own				
that n	hable goods, or livestock nust be fed, or a building needs urgent repairs?				
	<u> </u>		Where is the property?		
			is the property!	Number Street	
				City	
				City	State ZIP Code

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Debtor 1

Shantae D Jackson

asi Name

Case number (if known)
------------------------

Part 5:

## Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

A	bo	шŧ	n	ehi	tor	1	•

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

ı	am not required to receive a briefing a	bout
C	credit counseling because of:	

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

## I am not required to receive a briefing about credit counseling because of:

I have a mental illness or a mental deficiency that makes me

incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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D	ebtor 1 Shantae D Ja	ICKSON ne Last Name	Cas	e number (if known)	
	art 6: Answer These Que	stions for Reporting Purpose	os.		
16	s. What kind of debts do you have?	16a. <b>Are your debts primaril</b> as "incurred by an individual	ly consumer debts? Co	nsumer debts are d	efined in 11 U.S.C. § 101(8)
	you nave?	No. Go to line 16b. Yes. Go to line 17.		,	
		16b. Are your debts primarily money for a business or inve	y business debts? Bus estment or through the ope	iness debts are debration of the busines	ts that you incurred to obtain
		No. Go to line 16c. Yes. Go to line 17.			
		16c. State the type of debts you o	owe that are not consumer	debts or business d	ebts.
17	Are you filing under Chapter 7?	☐ No. I am not filing under Cha	pter 7. Go to line 18.	PARAMETER STATE OF THE STATE OF	
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	Yes. I am filing under Chapter		er any exempt propavailable to distribute	erty is excluded and e to unsecured creditors?
18.	How many creditors do	namentalista kan kanan kan 2 1–49	<b>1</b> ,000-5,000	artism's problements (then Carlon-Valuestram Autotivities residents of the egypting paralogy	representar dan sina debia serrence proporti di discriptiva i ranno processo e consistente de la consistente de consistente de la consistente della consiste
b-control	you estimate that you owe?	☐ 50-99 ☐ 100-199 ☐ 200-999	5,001-10,000 10,001-25,000		25,001-30,000   50,001-100,000   More than 100,000
19,	How much do you estimate your assets to be worth?	\$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million	\$1,000,001-\$10 milli \$10,000,001-\$50 mil \$50,000,001-\$100 m \$100,000,001-\$500	Illion 🔲	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
20.	How much do you estimate your liabilities to be?	✓ \$0-\$50,000 ☐ \$50,001-\$100,000 ☐ \$100,001-\$500,000	\$1,000,001-\$10 milli \$10,000,001-\$50 mil \$50,000,001-\$100 m	on D	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion
Pa	1177 Sign Below	☐ \$500,001-\$1 million	\$100,000,001-\$500		More than \$50 billion
Fo	r you	I have examined this petition, and correct.	I declare under penalty of p	erjury that the infor	mation provided is true and
		If I have chosen to file under Chap of title 11, United States Code. I ur under Chapter 7.	ter 7, I am aware that I may nderstand the relief availabi	/ proceed, if eligible, e under each chapti	, under Chapter 7, 11,12, or 13 er, and I choose to proceed
		If no attorney represents me and I this document, I have obtained and	did not pay or agree to pay I read the notice required b	someone who is no y 11 U.S.C. § 342(b	ot an attorney to help me fill out
		I request relief in accordance with t			
		I understand making a false statem with a bankruptcy case can result in 18 U.S.C. §§ 152, 1341, 1519, and	n fines up to \$250,000, or i	r obtaining money omprisonment for up	or property by fraud in connection to 20 years, or both.
		Signature of Debtor 1	50h 3	N/A Signature of Dobte	Dr. 2
		Executed on DEDICATE  Executed on MM / DD 7YYY	<i>2</i> 17	Signature of Debto	/ DD /YYYY

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Debtor 1	Shantae D Jac First Name Middle Name		Case number (# known)
bankrupt attorney	if you are filing this tcy without an	should understand that themselves successful	n individual, to represent yourself in bankruptcy court, but you that many people find it extremely difficult to represent ly. Because bankruptcy has long-term financial and legal extremely urged to hire a qualified attorney.
an attorn	e represented by ey, you do not ile this page.	technical, and a mistake o dismissed because you die hearing, or cooperate with firm if your case is selected	st correctly file and handle your bankruptcy case. The rules are very r inaction may affect your rights. For example, your case may be d not file a required document, pay a fee on time, attend a meeting or the court, case trustee, U.S. trustee, bankruptcy administrator, or audit d for audit. If that happens, you could lose your right to file another ections, including the benefit of the automatic stay.
		court. Even if you plan to p in your schedules. If you do property or properly claim? also deny you a discharge case, such as destroying o cases are randomly audite	erty and debts in the schedules that you are required to file with the ray a particular debt outside of your bankruptcy, you must list that debt on not list a debt, the debt may not be discharged. If you do not list it as exempt, you may not be able to keep the property. The judge can of all your debts if you do something dishonest in your bankruptcy or hiding property, falsifying records, or lying. Individual bankruptcy d to determine if debtors have been accurate, truthful, and complete.
		hired an attorney. The cour successful, you must be fa	an attorney, the court expects you to follow the rules as if you had at will not treat you differently because you are filing for yourself. To be milliar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also exemption laws that apply.
		Are you aware that filing fo consequences?  No Yes	r bankruptcy is a serious action with long-term financial and legal
		Are you aware that bankrup	otcy fraud is a serious crime and that if your bankruptcy forms are ou could be fined or imprisoned?
		Did you pay or agree to pay  No  Yes. Name of Person	y someone who is not an attorney to help you fill out your bankruptcy forms?  Petition Preparer's Notice, Declaration, and Signature (Official Form 119).
		have read and understood t	dge that I understand the risks involved in filing without an attorney. I this notice, and I am aware that filing a bankruptcy case without an ose my rights or property if I do not properly handle the case.
		X Signature of Debuor 1	N/A Signature of Debtor 2
		Date <u>1//1/2</u> (MM// DD / YYYY	0/7 Date // MM / DD / YYYY
		Contact phone (708) 238-26	Confact phone

Cell phone

Email address

(708) 238-2646

Email address taej57@gmail.com

Cell phone

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Fill in this in	formation to id	entify your case:		
Debtor 1	Shantae D Ja	ickson		
	First Name	Middle Name	Last Name	
Debtor 2	N/A			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court fo	or the: Northern District of III	inois	X
Case number	(If known)		<del></del>	

Check if this is an amended filing

12/15

## Official Form 106Sum

## Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Part 1: Summarize Your Assets	
Schedule A/B: Property (Official Form 106A/B)     1a. Copy line 55, Total real estate, from Schedule A/B	Your assets Value of what you own \$ 0.00
1b. Copy line 62, Total personal property, from Schedule A/B	\$1,048.00
1c. Copy line 63, Total of all property on Schedule A/B	\$1,048.00
Part 2: Summarize Your Liabilities	
<ol> <li>Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)         <ul> <li>Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D</li></ul></li></ol>	Your liabilities Amount you owe  \$ 0.00  \$ 29,904.00  + \$ 15,417.00
Your total liabilities	\$45,321.00
Part3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I)  Copy your combined monthly income from line 12 of Schedule I	\$1,508.82
Schedule J: Your Expenses (Official Form 106J)     Copy your monthly expenses from line 22c of Schedule J	\$1,555.00

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Debto	r 1 Shantae D Jackson First Name Middle Name Last Name	Case number (# known)
Pari		is
6. <b>A</b>	re you filing for bankruptcy under Chapters 7, 11, or 13?	
<u> </u>	No. You have nothing to report on this part of the form. Check this box and submit this Yes	form to the court with your other schedules.
7. <b>W</b>	hat kind of debt do you have?	
<u>.</u>	Your debts are primarily consumer debts. Consumer debts are those "incurred by a family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purp	n individual primarily for a personal, poses. 28 U.S.C. § 159.
	Your debts are not primarily consumer debts. You have nothing to report on this pathis form to the court with your other schedules.	art of the form. Check this box and submit
8. <b>F</b> i Fo	om the Statement of Your Current Monthly Income: Copy your total current monthly income: Copy your total current monthly income 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.	ncome from Official  \$ 1,716.00
	py the following special categories of claims from Part 4, line 6 of <i>Schedule E/F</i> :  From Part 4 on <i>Schedule E/F</i> , copy the following:	Total claim
9a	Domestic support obligations (Copy line 6a.)	\$
9b	Taxes and certain other debts you owe the government. (Copy line 6b.)	\$\$
9c	Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$
9d	Student loans. (Copy line 6f.)	\$
9e.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$0.00
9f.	Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ \$0.00
9g.	Total. Add lines 9a through 9f.	\$29,904.00

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Debtor 1	Shantae D Ja	ckson		
	First Name	Middle Name	Last Name	
Debtor 2	N/A			
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States i	Bankruptcy Court fo	r the: Northern District of Ill	ìnois	

Schedule A/B: Property

Official Form 106A/B

Check if this is an amended filing

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

No. Go to Part 2.	est in any residence, building, land, or similar prop		
Yes. Where is the property?			
Street address, if available, or other description	What is the property? Check all that apply.  Single-family home  Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home  Land	Do not deduct secured claims or exemptions. It the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Prope  Current value of the entire property?  Current value of portion you own	
City State ZIP Code	Other	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	Who has an interest in the property? Check one.		
County	Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co	emmunity property
u own or have more than one, list here:	Other information you wish to add about this it property identification number:		
	what is the property? Check all that apply.  Single-family home  Duplex or multi-unit building		nims or exemptions. Put d claims on <i>Schedule D</i> .
	what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home	Do not deduct secured cla	d claims on Schedule Dans Secured by Property.  Current value of the portion you own?
	what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured cla the amount of any secure- Creditors Who Have Clain Current value of the	aims or exemptions. Put d claims on Schedule D. Ins Secured by Property.  Current value of the portion you own?  \$
Street address, if available, or other description	what is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured clathe amount of any secure Creditors Who Have Clain  Current value of the entire property?  \$	aims or exemptions. Put d claims on Schedule D ins Secured by Properly.  Current value of th portion you own?  \$ of your ownership simple, tenancy by

Debtor 1	Shantae D Jackson	Document Page 11 of 64		
	First Name Middle Name Last Name	Case number (i	if known)	
1.3.	Street address, if available, or other description	What is the property? Check all that apply.  Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured of the amount of any secure Creditors Who Have Clair	aims or exemptions. Put ed claims on Schedule D: ms Secured by Property.  Current value of the
		☐ Manufactured or mobile home ☐ Land ☐ Investment property	entire property?	portion you own?
	City State ZIP Code	Timeshare Other Who has an interest in the property? Check one.	Describe the nature of interest (such as fee the entireties, or a life	simple, tenancy by
	County	Debtor 1 only Debtor 2 only		
		Debtor 1 and Debtor 2 only At least one of the debtors and another	Check if this is co (see instructions)	mmunity property
		Other information you wish to add about this ite property identification number:	em, such as local	
Add ti you h	ne dollar value of the portion you own for all ave attached for Part 1. Write that number h	of your entries from Part 1, including any entrie	s for pages	\$ 0.00
t 2:	Describe Your Vehicles			
n <b>t 2:</b>				
you o	wn, lease, or have legal or equitable interest	t in any vehicles, whether they are registered or a also report it on Schedule G: Executory Contracts a	not? Include any vehicles and Unexpired Leases.	
you o own t	wn, lease, or have legal or equitable interest	, also report it on Schedule G: Executory Contracts a	not? Include any vehicles and Unexpired Leases.	
you or own ti ≎ars, v	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles,	, also report it on Schedule G: Executory Contracts a	<b>not?</b> Include any vehicles and Unexpired Leases.	
you or own ti ≳ars, v ☑ No ☑ Ye	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:	<ul> <li>also report it on Schedule G: Executory Contracts of motorcycles</li> <li>Who has an interest in the property? Check one.</li> <li>□ Debtor 1 only</li> </ul>	and Unexpired Leases.	ms or exemptions. Put
you or own to cars, v in No in Ye 3.1.	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model: Year:	, also report it on Schedule G: Executory Contracts of motorcycles  Who has an interest in the property? Check one.	and Unexpired Leases.  Do not deduct secured claithe amount of any secured	ms or exemptions. Put
you or own ti ≎ars, ' ☑ No ☑ Ye	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?	ms or exemptions. Put claims on <i>Schedule D:</i> s Secured by Property. <b>Current value of the</b>
you or own to	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see	Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?	ms or exemptions. Put claims on Schedule D: s Secured by Property. Current value of the portion you own?
you o own the Cars, No Ye 33.1.	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured claim the amount of any secured Creditors Who Have Claim Current value of the entire property?  \$ Do not deduct secured claim the amount of any secured	ms or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the portion you own?  \$
you o own to own	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only	Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claithe amount of any secured Creditors Who Have Claims	ms or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the portion you own?  \$
you o own the Cars, No Ye 3.1.	wn, lease, or have legal or equitable interest hat someone else drives. If you lease a vehicle, vans, trucks, tractors, sport utility vehicles, s  Make:  Model:  Year:  Approximate mileage:  Other information:  own or have more than one, describe here:  Make:  Model:  Year:	who has an interest in the property? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another  Check if this is community property (see instructions)  Who has an interest in the property? Check one.  Debtor 1 only	Do not deduct secured claithe amount of any secured Creditors Who Have Claim  Current value of the entire property?  \$  Do not deduct secured claithe amount of any secured Creditors Who Have Claims  Current value of the	ms or exemptions. Put claims on Schedule D: s Secured by Property.  Current value of the portion you own?  \$

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Document Page 12 of 64 Shantae D Jackson Debtor 1 Case number (if known) Middle Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D; Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories No No Yes Who has an interest in the property? Check one. 4.1. Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. 4.2 Make: Do not deduct secured claims or exemptions. Put Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: entire property? portion you own? At least one of the debtors and another Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 0.00 you have attached for Part 2. Write that number here .....

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Debtor 1

Shantae D Jackson Middle Name

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Case number (# known)\_

Part 3:

**Describe Your Personal and Household Items** 

D	o you own or have any	legal or equitable interest in any of the following items?		own? secured claims
6.	Household goods and	i furnishings	or exemptions	y gradu dad hibiri
		nces, furniture, linens, china, kitchenware		
	□ No	E. I. B.		
	Yes. Describe	bed, dishes, iron, small appliances, food all items at used store prices	\$	260.00
7.	Electronics			
	Examples: Televisions collections;	and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games		
	☐ No			
	Yes. Describe	cell phone, home computer at pawn shop value used	\$	175.00
8.	Collectibles of value			
	Examples: Antiques and stamp, coin,  No	figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles		
	Yes. Describe	bible, school books, family pictures(no cash value) at used book store prices	\$	135.00
9.	Equipment for sports a	nd hobbies	_}	
	and kayaks,	ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments		
	No Yes. Describe	board games at yard sale value	<b>\$</b>	25.00
10	Firearms			
	Examples: Pistols, rifles,  No	shotguns, ammunition, and related equipment		
	Yes. Describe		\$	0.00
11.	Clothes			
	<b>U</b> No	hes, furs, leather coats, designer wear, shoes, accessories		
	Yes. Describe	normal wearing apparel at used store value	\$	315.00
12.	lewelry		a.	
	Examples: Everyday jewe gold, silver	elry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems,		
	No Ves. Describe		•	63.00
(2 A	lon-farm animals	costume jewelry at pawn shop value used	\$	03.00
	Examples: Dogs, cats, bir	ds, horses		
	No .			
	Yes. Describe		\$	0.00
4. <b>A</b>	any other personal and	household items you did not already list, including any health aids you did not list		
	<b>2</b> No	,g, you and not not		
	Yes. Give specific information,		\$	0.00
5. <b>A</b>	dd the dollar value of a	Il of your entries from Part 3, including any entries for pages you have attached	¢	973.00
10	or Fart 3. Write that num	nber here	Ψ	373.00

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Shantae D Jackson

Middle Name

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Debtor 1

First Name

Last Name

Case number (# known)\_

Do you own or have	any legal or equitable interest ir	any of the following?		portion y	value of the you own?
16. <b>Cash</b> <i>Examples:</i> Money	you have in your wallet, in your ho	me, in a safe deposit box, and on hand when you	file vour petition	or exompti	<b>(1)</b>
□ No	·	, , , , , , , , , , , , , , , , , , , ,	mo your position		
			06	_	45.00
			Cash:	\$	45.00
and our	ng, savings, or other financial accor	unts; certificates of deposit; shares in credit union nultiple accounts with the same institution, list ea	ns, brokerage houses, ch.		
☐ No ☑ Yes					
<b>21</b> Yes	••••	Institution name:			
	17.1. Checking account:	US Bank #9522		\$	30.00
	17.2. Checking account:		1,2	\$	***************************************
	17.3. Savings account:			¢	
	17.4. Savings account:			Ф	
	17.5. Certificates of deposit:				
	17.6. Other financial account:				
	17.7. Other financial account:				35047100
	17.8. Other financial account:				
	17.9. Other financial account:				
	The other maneral account.			\$	<u></u>
18. Bonds, mutual func Examples: Bond fun No Yes	ds, or publicly traded stocks ids, investment accounts with broke Institution or issuer name:	erage firms, money market accounts			
				\$	
					***
				\$	
19. Non-publicly trader an LLC, partnershi	d stock and interests in incorpor p, and joint venture	ated and unincorporated businesses, including	ig an interest in		
☑ No	Name of entity:		% of ownership:		
Yes. Give specific information about			0% %	\$	
them			0% %	Ť	

0%

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Document Page 16 of 64 Shantae D Jackson Deptor 1 Case number (if known) Middle Name Last Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No ☐ Yes ..... Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit **1** No ☐ Yes. Give specific information about them.... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No No Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses 2 No Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information expected 2016 tax refund EIC(unknown) Federal: about them, including whether you already filed the returns State: and the tax years. ..... Local: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement **2** No Yes. Give specific information..... Alimony: Maintenance: Support: Divorce settlement: Property settlement: 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No No Yes. Give specific information.....

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Document Page 18 of 64 Shantae D Jackson Debtor 1 Case number (if known) First Name Middle Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No ☐ Yes, Describe... 41. Inventory No No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures M No Yes. Describe...... Name of entity: % of ownership: \_% % 43. Customer lists, mailing lists, or other compilations **₩** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list ■ No Yes. Give specific information ...... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish M No ☐ Yes.....

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Fi	II in this infor	mation to identify your case:				
De	20101 1	antae D Jackson				
		/A		st Name		
	-	t Name Middle Name kruptcy Court for the: Northern Distri		st Name		
Ca	ase number (known)					Check if this is an amended filing
<u>Of</u>	fficial Fo	rm 106C				
S	chedu	le C: The Pro	perty Y	ou Claim	as Exemp	04/16
Usir spa	ng the property ce is needed, t	nd accurate as possible. If two many you listed on Schedule A/B: Propilification and attach to this page as a senumber (if known).	perty (Official Fo	rm 106A/B) as your so	urce, list the property that	you claim as exempt. If more
spe of a retir limir wou	cific dollar an ny applicable rement funds- ts the exempt ald be limited	property you claim as exempt, nount as exempt. Alternatively, statutory limit. Some exemptic — may be unlimited in dollar aminon to a particular dollar amount to the applicable statutory amountify the Property You Claim	you may claim ons—such as th nount. However, nt and the value ount.	the full fair market v ose for health aids, r , if you claim an exen	alue of the property bein ights to receive certain I nption of 100% of fair ma	g exempted up to the amount penefits, and tax-exempt arket value under a law that
2.	You are o	elaiming state and federal nonban elaiming federal exemptions. 11 U erty you list on Schedule A/B to	J.S.C. § 522(b)(2	)		
	Brief descrip	otion of the property and line on B that lists this property			ne exemption you claim	Specific laws that allow exemption
			Copy the value Schedule A/B	from Check only o	ne box for each exemption.	
	Brief description: Line from Schedule A/E	household goods	\$ <u>260.00</u>		fair market value, up to cable statutory limit	735-5/12-1001(b)
	Brief	electronics	\$175.00	□ \$ 175.0	·	
	description: Line from Schedule A/E		Toronto de la companya de la company	☑ 100% of	fair market value, up to cable statutory limit	.735-5/12-1001(b)
	Brief description:	bible, school books	\$ <u>135.00</u>	□ \$ 135.0	fair market value, up to	735-5/12-1001(b)
	Line from Schedule A/E	3: <u>8</u>			cable statutory limit	
3.		ning a homestead exemption o			er the date of adjustment	
	☑ No					,
	Yes. Did y	ou acquire the property covered	by the exemption	i within 1,215 days be	ore you filed this case?	

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Debtor 1

Shantae D Jackson

Last Name

Case number (if known)\_

#### Part 2: **Additional Page**

	ion of the property and line A/B that lists this property		value of the you own	Amount	of the exemption you claim	Specific laws that allow exemption
		Copy the	e value from le A/B	Check or	nly one box for each exemption	
Brief description:	hobby/ board games	\$	25.00	<b>u</b> s_	25.00	735-5/12-100(b)
Line from Schedule A/B:	9				6 of fair market value, up to applicable statutory limit	
Brief description:	clothes	\$	315.00	<b>Q</b> \$	***************************************	735-5/12-1001(a)
Line from Schedule A/B:	11				6 of fair market value, up to applicable statutory limit	
Brief description:	jewelry/ costume	\$	63.00	<b>_</b> \$	63.00	735-5/12-1001(b)
Line from Schedule A/B:	12				6 of fair market value, up to applicable statutory limit	
Brief description:	cash in wallet	\$	45.00	<b>_</b> s_	45.00	735-5/12-1001(b)
Line from Schedule A/B:	16				of fair market value, up to applicable statutory limit	***************************************
Brief description:	US Bank	\$	30.00	<b>Q</b> \$_	30.00	735-5/12-1001(b)
Line from Schedule A/B:	17.1				of fair market value, up to applicable statutory limit	
Brief description:	expected 2016 tax	\$	**************************************	<b>u</b> \$		735-5/12-1001(g)(1)
Line from Schedule A/B:	28				of fair market value, up to pplicable statutory limit	
Brief description:	***************************************	\$	10/2014	<b>Q</b> \$		
Line from Schedule A/B:					of fair market value, up to pplicable statutory limit	
Brief description:	***************************************	\$	HANNANA WARANTA AMARAN AMA			
Line from Schedule A/B:	ANTA DIA DITA DITA DININA DILA DILA DILA DILA DILA DILA DILA DIL				of fair market value, up to pplicable statutory limit	
Brief description:		\$		<b>-</b> \$	***************************************	
Line from Schedule A/B:					of fair market value, up to pplicable statutory limit	
Brief description:		\$		<b>_</b> s		
ine from Schedule A/B:	diversity of the second				of fair market value, up to pplicable statutory limit	
Brief description:		\$		<b>Q</b> \$	<del></del>	
_ine from Schedule A/B:					of fair market value, up to pplicable statutory limit	
3rief description:		\$		<b>□</b> \$		
ine from Schedule A/B:					of fair market value, up to pplicable statutory limit	

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Shantae D Jackson				
First Name Middle	Name Last Name			
Debtor 2 N/A (Spouse, if filing) First Name Middle	Name Last Name			
United States Bankruptcy Court for the: Northern	n District of Illinois			
Case number (If known)			D objects	if the in its and
(ii kituwi)				if this is an ed filing
			uiii.	ou ming
Official Form 106D				
Schodule D. Creditor	rs Who Have Claims Secur	od hy Dro		40145
The state of the s				12/15
Be as complete and accurate as possible	. If two married people are filing together, both are en	qually responsible	for supplying correc	t
additional pages, write your name and ca	by the Additional Page, fill it out, number the entries, use number (if known).	and attach it to this	s form. On the top of	апу
	,			
1. Do any creditors have claims secured	by your property?			
No. Check this box and submit this fo	rm to the court with your other schedules. You have noth	ing else to report on	this form.	
Yes. Fill in all of the information below				
Part (B List All Secured Claims				
		Column A	Column B	Column C
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separately	Amount of claim	Value of collateral	Unsecure
	has a particular claim, list the other creditors in Part 2.  habetical order according to the creditor's name.	Do not deduct the	that supports this	portion
The state of the s		value of collateral.	claim	If any
N/A	Describe the property that secures the claim:	\$	\$	\$
Creditor's Name		1		
Number Street	_	WOODSTAND		
Number Street	As of the date were file, the state to Other to State to			
	As of the date you file, the claim is: Check all that apply.  Contingent			
	Unfiquidated			
City State ZIP Code	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or secured			
Debtor 2 only	car loan)			
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)	_		
community debt				
Data dahturas lucumed	Last 4 digits of account number			
Date debt was incurred			\$	\$
COLORS SOURCE AND A COLOR AND ADDRESS OF THE PROPERTY OF THE P	Describe the property that secures the claim:	\$		T
on and the second contract of the second cont	Describe the property that secures the claim:	\$		
N/A Creditor's Name	Describe the property that secures the claim:	\$		
N/A		\$		
N/A Creditor's Name	As of the date you file, the claim is: Check all that apply.	S		
2.2 N/A Creditor's Name	As of the date you file, the claim is: Check all that apply.  Contingent	S		
2.2 N/A Creditor's Name	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated	• Emmanaschinos		
2.2 N/A Creditor's Name Number Street City State ZIP Code	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed	S		
N/A Creditor's Name Number Street  City State ZIP Code  Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.	* International Control		
N/A Creditor's Name  Number Street  City State ZIP Code  Who owes the debt? Check one.	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)	S THE PROPERTY OF THE PROPERTY		
N/A Creditor's Name  Number Street  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan)	• THE PROPERTY OF THE PROPERTY		
N/A Creditor's Name  Number Street  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured)	• Temperature Control		
N/A Creditor's Name  Number Street  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien)	• Terramonal Annual Control of the C		
N/A Creditor's Name Number Street  City State ZIP Code  Who owes the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Nature of lien. Check all that apply.  An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit	• Transmirtaninary		

Case 17-01295 Doc 1 Filed 01/17/17 Entered 01/17/17 12:06:25 Desc Main Page 23 of 64 Document Fill in this information to identify your case: Shantae D Jackson Debtor 1 First Name Middle Name N/A Debtor 2 (Spouse, if filing) First Name Middle Name Last Name United States Bankruptcy Court for the: Northern District of Illinois Check if this is an (If known) amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). Part 1: **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. 🗹 Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount US Dept of ED Last 4 digits of account number 3 1 5 5 \$ 3.856.00 \$ 3.856.00 \$ Priority Creditor's Name P O Box 2287 09/18/2013 When was the debt incurred? Number As of the date you file, the claim is: Check all that apply GΑ Atlanta 30301 Contingent ZIP Code Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated is the claim subject to offset? Other, Specify Ø No ☐ Yes US Dept of ED 2,449.00 s 2,449.00 s Last 4 digits of account number 0.00 Priority Creditor's Name When was the debt incurred? 09/18/2013 P O Box 2287 Number As of the date you file, the claim is: Check all that apply Atlanta GA 30301 Contingent Unliquidated City State Disputed Who incurred the debt? Check one Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other. Specify ☑ No Yes

Part 1:

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Debtor 1

		amount amount
U S Dept of ED Priority Creditor's Name	Last 4 digits of account number 3 1 5 4	\$ 2,588.00 \$2,588.00 \$ 0.
P O Box 2287	When was the debt incurred? 10/10/2012	
Number Street		
	As of the date you file, the claim is: Check all that apply	<i>t</i> .
Atlanta GA 30301	Contingent	
City State ZIP Code	Unliquidated Disputed	
Who incurred the debt? Check one.	_ Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government	
☐ Check if this claim is for a community de	bt Claims for death or personal injury while you were intoxicated  Other. Specify	
Is the claim subject to offset?		
<b>™</b> No		
Yes		
US Dept of ED		39 tarifa (tarenperpentitiva) piere Aldren anterioristicis proprieta e interioris proprieta interioris proprieta (proprieta de proprieta de propriet
Priority Creditor's Name	Last 4 digits of account number 3 1 5 4	\$ 5,186.00 \$5,186.00 \$ 0.0
P O Box 2287	When was the debt incurred? 09/19/2012	
Number Street		
	As of the date you file, the claim is: Check all that apply	
Atlanta GA 30301	Contingent	
City State ZIP Code	Unliquidated Disputed	
Who incurred the debt? Check one.	☐ Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only	Domestic support obligations	
Debtor 1 and Debtor 2 only  At least one of the debtors and another	Taxes and certain other debts you owe the government	
	Claims for death or personal injury while you were intoxicated	
Check if this claim is for a community de	Other. Specify	
Is the claim subject to offset?		
☑ No		
Types		
U S Dept of ED	Last 4 digits of account number 3 1 5 5	\$ <u>3,813.00</u> \$3,813.00 \$ 0.0
Priority Creditor's Name P O Box 2287	00/10/2010	
Number Street	When was the debt incurred? 09/19/2012	
	As of the date you file, the claim is: Check all that apply.	
Atlanta GA 30301	☐ Contingent	
City State ZIP Code	Unliquidated	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only		
Debtor 1 and Debtor 2 only	<ul> <li>Domestic support obligations</li> <li>Taxes and certain other debts you owe the government</li> </ul>	
At least one of the debtors and another	Claims for death or personal injury while you were	
Check if this claim is for a community deb		
s the claim subject to offset?	Outer: Specify	
K No		
Yes		

Debtor 1

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Last Name

	n beginning with 2.3, followed by 2.4, and so forth.	Total claim Priority Nonpriority amount
U S Dept of ED	Last 4 digits of account number 3 1 6 4	\$_5,487.00 \$5,487.00 \$ 0.0
Priority Creditor's Name P O Box 2287	When was the debt incurred? 12/07/2011	
Number Street	As of the date you file, the claim is: Check all that appl	
Atlanta GA 30301	Contingent	y.
City State ZIP Code  Who incurred the debt? Check one.	Unitquidated Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only	Domestic support obligations	
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you owe the government	
☐ Check if this claim is for a community debt	Claims for death or personal injury while you were intoxicated Other. Specify	
Is the claim subject to offset?  No Yes		-
U S Dept of ED Priority Creditor's Name	Last 4 digits of account number 3 1 6 4	\$_1,882.00 <u>\$</u> 1,882.00 <u>\$</u> 0.00
P O Box 2287  Number Street	When was the debt incurred? 10/26/2011	
	As of the date you file, the claim is: Check all that apply	<b>'</b> .
Atlanta GA 30301	☐ Contingent	
City State ZtP Code	Unliquidated Disputed	
Who incurred the debt? Check one.	Disputed	
Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another  Check if this claim is for a community debt	Taxes and certain other debts you owe the government  Claims for death or personal injury while you were intoxicated	
•	Other. Specify	
Is the claim subject to offset?		
Pes		1 Visionississis and the properties of the state of th
US Dept of ED Priority Creditor's Name	Last 4 digits of account number 3 1 6 4	\$_1,883.00 \$1,883.00 \$0.00
P O Box 2287 Number Street	When was the debt incurred? 09/21/2011	
	As of the date you file, the claim is: Check all that apply.	
Atlanta GA 30301 City State ZIP Code	☐ Contingent ☐ Unliquidated	
Who incurred the debt? Check one.	☐ Disputed	
■ Debtor 1 only	Type of PRIORITY unsecured claim:	
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations	
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were	
Check if this claim is for a community debt	intoxicated  Other, Specify	on a restrict of the desirated and the desirat
Is the claim subject to offset?		

Case 17-01295 Shantae D Jackson

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Debtor 1

moving any chance on this page, number the	m beginning with 2.3, followed by 2.4, and so forth. Total claim Priority Nonpriority amount amount
U SDept of ED	Last 4 digits of account number 3 1 6 4 \$_2,760.00 \$2,760.00 \$
Priority Creditor's Name P O Box 2287	
Number Street	When was the debt incurred? 09/21/2011
	As of the date you file, the claim is: Check all that apply.
Atlanta GA 30301	Contingent
City State ZIP Code	Unliquidated
	Disputed
Who incurred the debt? Check one.	1
Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	Domestic support obligations
Debtor 1 and Debtor 2 only	Taxes and certain other debts you owe the government
At least one of the debtors and another	Claims for death or personal injury while you were
Check if this claim is for a community debt	intoxicated
·	Other. Specify
Is the claim subject to offset?	
No No	
☐ Yes	
Dept of ED/ NAVIENT	
Priority Creditor's Name	Last 4 digits of account number 1 2 0 1 \$ 0.00 \$ 0.00 \$ 0.
P O Box 9635	W/hom suggestion of the first section of the CO/24/2044
Number Street	When was the debt incurred? 09/21/2011
	As of the date you file, the claim is: Check all that apply.
Wilkes Barre PA 18773	☐ Contingent
City State ZIP Code	Unliquidated
one air code	☐ Disputed
Who incurred the debt? Check one.	Lispated
☑ Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	
Debtor 1 and Debtor 2 only	Domestic support obligations
At least one of the debtors and another	Taxes and certain other debts you owe the government
Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated  ✓ Other. Specify Notice Only
s the claim subject to offset?	
Ž No	
1 Yes	
	$A = \frac{1}{2} \left( \frac{1}{$
Dept of ED/ NAVIENT	Last 4 digits of account number 2 2 0 1 \$ 0.00 \$ 0.00 \$ 0.1
P O Box 9635	00/04/0044
umber Street	When was the debt incurred? 09/21/2011
	As of the date you file, the claim is: Check all that apply.
Vilkes Barre PA 18773	
Vilkes Barre PA 18773 ity State ZIP Code	☐ Unliquidated
orate ZIP Code	Disputed
The incurred the debt? Check one.	Disputed
Debtor 1 only	Type of PRIORITY unsecured claim:
Debtor 2 only	
Debtor 1 and Debtor 2 only	Domestic support obligations
At least one of the debtors and another	Taxes and certain other debts you owe the government
Check if this claim is for a community debt	☐ Claims for death or personal injury while you were intoxicated  ☑ Other, Specify _notice only
the claim subject to offe-42	Outer, Specify Trouter Orney
the claim subject to offset?	
<b>∛</b> No	

Debtor 1

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r listing any entries on this page, number ther							amount	Nonpriori amount
Dept of ED/ NAVIENT	Last 4 digits of account number	3 2	0	1	\$	0.00	\$ 0.00	s 0.
Priority Creditor's Name P O Box 9635	_	40400	· · · · ·					-
Number Street	When was the debt incurred?	10/26/	2011					
	As of the date you file, the claim is	e: Charl	k all tha	t annh				
Million D		a. Oneo	r all lita	гарріу	•			
Wilkes Barre         PA         18773           City         State         ZIP Code	Contingent Unliquidated							
	Disputed							
Who incurred the debt? Check one.	(							
Debtor 1 only	Type of PRIORITY unsecured cla	alm:						
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations							
Debtor 1 and Debtor 2 only     At least one of the debtors and another	Taxes and certain other debts you	owe the	govern	ment				
	Claims for death or personal injury	while yo	ou were					
Check if this claim is for a community debt	intoxicated  Other, Specify notice only							
Is the claim subject to offset?	ear other, Specify 110400 Orny							
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Dept of ED/ NAVIENT	Last 4 digits of account number	4 2	0	1	\$	0.00	s 0.00	s 0.0
Priority Creditor's Name					Ψ		Ψ	Ψ
P O Box 9635	When was the debt incurred? 1	2/07/	<u> 2011</u>					
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	As of the date you file, the claim is	: Check	ali that	apply.				
Wilkes Barre PA 18773	Contingent							
City State ZIP Code	Unliquidated							
Who incurred the debt? Check one.	☐ Disputed							
Debtor 1 only	Type of PRIORITY unsecured cla	im:						
Debtor 2 only	Domestic support obligations							
Debtor 1 and Debtor 2 only	Taxes and certain other debts you c	owa tha	anunpar	nont				
At least one of the debtors and another	Claims for death or personal injury v	while vo	governi u were	Herit				
Check if this claim is for a community debt	intoxicated							
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s the claim subject to offset?								
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Dept of ED/ NAVIENT	Last 4 digits of account number	5 2	0 .	1	\$	0.00	0.00	s 0.0
riority Creditor's Name O Box 9635					·	***************************************		Ψ
Umber Street	When was the debt incurred? 09	9/19/2	2012					
Street Street	An of the data was the state of							
	As of the date you file, the claim is:	Check	all that a	apply.				
Vilkes Barre PA 18773	Contingent							
ity State ZIP Code	Unliquidated							
Who incurred the debt? Check one.	Disputed							
Debtor 1 only	Type of PRIORITY unsecured clai	im:						
Debtor 2 only	Domestic support obligations							
Debtor 1 and Debtor 2 only	Taxes and certain other debts you or	we the -	ነለህ ለመም ም	ont				
At least one of the debtors and another	Claims for death or personal injury w			ici il				
Check if this claim is for a community debt	intoxicated	, 500		•	weens with the second	District interior programme and programme	ere og staten og staten fra staten fra skalen	Niet Oliekskichmies Leanningpergegung
•	Other. Specify notice only							
the claim subject to offset?								
₹ No								

Debtor 1

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Last Name

Dept of ED/ NAVIENT	Last 4 digits of account number	6	2	٥	1	\$	0.00	<b>c</b>	0.00		Δ
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Number Street	When was the debt incurred?	09/	19/2	2012	) :						
	As of the date you file, the claim	is: C	heck	all tha	it apply.						
Wilkes Barre PA 18773	☐ Contingent										
City State ZIP Code	Unliquidated										
Who incurred the debt? Check one.	☐ Disputed										
☑ Debtor 1 only	Type of PRIORITY unsecured of	laim									
Debtor 2 only	☐ Domestic support obligations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•								
Debtor 1 and Debtor 2 only At least one of the debtors and another	Taxes and certain other debts you	u owe	the c	loverr	ment						
	Claims for death or personal injur										
Check if this claim is for a community debt	intoxicated  Other. Specify notice only										
Is the claim subject to offset?											
<b>☑</b> No											
☐ Yes											
Dept of ED/ NAVIENT	- entre ann-ontentional of the contention of the content of the co	<b>7</b>	ntienestaina	<b>n</b>	4	44745±04045450000	Λ ΛΛ	**********	A AA	MARIENTARRESPEAN AND L	***********
Priority Creditor's Name	Last 4 digits of account number			<u> </u>		\$	0.00	\$	0.00	\$	0.0
P O Box 9635	When was the debt incurred?	10/1	10/2	012							
Substitution Subst	As of the data you file the stains i	~. ^h		11 414							
Wilkes Barre PA 18773	As of the date you file, the claim i	s: Ch	eck a	ili that	apply.						
Wilkes Barre PA 18773  Dity State ZIP Code	☐ Contingent☐ Unliquidated										
Affine Improvement that the state of the sta	☐ Disputed										
Who incurred the debt? Check one.  Debtor 1 only	To a sepondary										
Debtor 2 only	Type of PRIORITY unsecured of	aim:									
Debtor 1 and Debtor 2 only	<ul><li>Domestic support obligations</li><li>Taxes and certain other debts you</li></ul>										
At least one of the debtors and another	Claims for death or personal injury	owe while	tne go vou	ovemi were	nent						
☐ Check if this claim is for a community debt	intoxicated  Other, Specify notice only		,								
s the claim subject to offset?	Other, Specify Hotice Only										
No											
Tyes											
Dept of ED/ NAVIENT		0	)	Λ .	1		. 00 n	inyeteti neguni	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	direction de la company	**********
nority Creditor's Name	Last 4 digits of account number		<u>-</u> -	<u> </u>		\$	<u>0.00</u> s		0.00		0.0
O Box 9635	When was the debt incurred?	)9/1	8/20	)13							
	As of the date you file, the claim is	er Cha	ank ai	l that	analu						
Vilkes Barre PA 18773	Contingent	. Oile	our a	। धादाः	арріў.						
ity State ZtP Code	Unliquidated										
Vho incurred the debt? Check one.	☐ Disputed										
Debtor 1 only	Type of PRIORITY unsecured cla										
Debtor 2 only		AIFFF.									
Debtor 1 and Debtor 2 only	<ul><li>Domestic support obligations</li><li>Taxes and certain other debts you</li></ul>	owo ti	ha aa	· corner							
At least one of the debtors and another	Claims for death or personal injury	while	you v	vere	tent						
Check if this claim is for a community debt	intoxicated  Other. Specify notice only				text,	an en persona persona.	MARINE CARREST CONTRACTOR CONTRAC		Petinestanda opulojise unglanga		ločinansky,
the claim subject to offset?	- Other, Specify Trottoc Office				····-						

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Debtor 1	Shantae D	Jackson Middle Name	Last Name	Document	Page 2	9 ot 64	<b>L</b> humbe	PΓ (if know	(n)				
Part 1:	Your PRIO	RITY Unse	cured Claim	s — Continuation	Page								
After listi	ing any entries	on this page	, number then	n beginning with 2.3	3, followed by	2.4, and	so fo	rth.	Tot	al claim	Priority amount	Nonp amou	
	ot of ED/ NA\	VIENT		Last 4 digits of ac	count number	. 9 2	0	1	\$	0.00	\$0.00	\$	0
P O	Box 9635 er Street			When was the deb	ot incurred?	09/18/	2013	3					
	······································			As of the date you	i file, the claim	is: Check	ali tha	at apply					
	kes Barre	PA	18773	Contingent									
City		State	ZIP Code	Unliquidated									

	Claims for death or personal injury while you were	ent			
Q Yes			erris en la timorija kiris epier kalegorija (njegov (njegov (njegov (njegov)	enziena k emina k kirolizen, k je nizez jel y vijeziene k enziena k	o Marketon W ME ENGlangs
Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$	
Number Street	When was the debt incurred?				
	As of the date you file, the claim is: Check all that ap	piy.			
	Contingent				
City State Zi  Who incurred the debt? Check one.	P Code Unliquidated Disputed				
Debtor 1 only	Type of PRIORITY unsecured claim:				
Debtor 2 only					
Debtor 1 and Debtor 2 only	Domestic support obligations				
At least one of the debtors and another	Taxes and certain other debts you owe the governmen	ıt			
Check if this claim is for a commu	Claims for death or personal injury while you were				
Is the claim subject to offset?					
D No					
☐ Yes					
		TO CONTRACTOR OF THE CONTRACTO	e con entra en transportant en la reconstituir de participa de la constituir de la constituir de la constituir	ESSATA A Armitiska (Satt Sakk) kristornikar Essatjoon a konsuura	NONED-10-CONTONS
	Last 4 digits of account number	¢	\$	¢.	
Priority Creditor's Name	cost 4 digits of account number	Ψ	Ψ		
Number Street	When was the debt incurred?				
	As of the date you file, the claim is: Check all that app	oly.			
	Contingent				
City State ZIF	Code Unliquidated				
	☐ Disputed				

Debtor 1 only	Type of PRIORITY unsecured claim:		
Debtor 2 only Debtor 1 and Debtor 2 only	Domestic support obligations		
At least one of the debtors and another	Taxes and certain other debts you owe the government Claims for death or personal injury while you were		
☐ Check if this claim is for a community debt	intoxicated  Other. Specify	eren (er er er en	
Is the claim subject to offset?			
□ No			

Who incurred the debt? Check one.

Debtor 1

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Part 2:

Lasi Name

List	All	of	Your	NONPRIOR	YTIS	Unsecured	Claims	

<b>3.</b>	Yes	nis part. Su	bmit this form to	the court with your other schedules.			
, 13. 13.	List all of your nonpriority unsecure nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of	<b>d claims ir</b> editor sepa editor holds	the alphabetic ately for each c	laim. For each claim listed, identify wh	each claim. If a creditor ha	as more th	an one
4.1						Total	claim
4.1	Carle Physician Group			Last 4 digits of account number	2 3 5 4		100.00
	Nonpriority Creditor's Name				09/01/2014	\$	198.00
	P O Box 6002			When was the debt incurred?	09/01/2014		
	Number Street		04004				
	Urbana City	IL State	61801	An af the data way fits the state			
	Oly	S12(e	ZIP Code	As of the date you file, the claim	1 is: Check all that apply.		
	140.			Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only						
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	ured claim:		
	At least one of the debtors and another	•		☐ Student loans			
	Check if this claim is for a commu	nity debt		Obligations arising out of a sepa that you did not report as priority	ration agreement or divorce		
	Is the claim subject to offset?			Debts to pension or profit-sharing	g plans, and other similar debt	s	
	No No			Other. Specify medical		_	
	☐ Yes						
4.2	Carle Physician Group Nonpriority Creditor's Name		900 1976 9 3 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Last 4 digits of account number	2 3 8 4 10/09/2014	\$	198.00
				When was the debt incurred?	10/09/2014		
	P O Box 6002 Number Street						
	Urbana	IL	61801	As of the date you file, the claim	ie: Check of that and		
	City	State	ZIP Code	****	is. Check all trat appry.		
	•	otato	Lii Code	Contingent			
	Who incurred the debt? Check one.			Unliquidated			
	Debtor 1 only			☐ Disputed			
	Debtor 2 only			_			
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecu	red claim:		
	At least one of the debtors and another			☐ Student loans			
	☐ Check if this claim is for a commun	nity debt		Obligations arising out of a separ that you did not report as priority	claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing	plans, and other similar debts	5	
	☑ No			☑ Other. Specify medical			
	Yes						
4.3	Carle Physician Group	ll training Charlettan Calabata e each cann an	\$	Last 4 digits of account number	2 4 0 6	PS Print Commenter (Contributor Contributor)	
	Nonpriority Creditor's Name			When was the debt incurred?	11/06/2014	\$	0.00
	P O Box 6002			reness was the dept Highligh			
	Number Street			Minimum.			
	Urbana	IL	61801	As of the date you file, the claim	is: Check all that annly		
	City	State	ZIP Code		io. Chook an that apply.		
	Who incurred the debt? Check one.			Contingent			
	Debtor 1 only			Unliquidated			
	Debtor 2 only			Disputed			
	Debtor 1 and Debtor 2 only			Tune of MARIANIANIA	w= 4 =1=1		
	At least one of the debtors and another			Type of NONPRIORITY unsecu	red claim:		
	☐ Check if this claim is for a commun	itu daht		Student loans			:
		nty debt		Obligations arising out of a separa	ation agreement or divorce		ĺ
	is the claim subject to offset?			that you did not report as priority of Debts to pension or profit-sharing			
	No No			Other. Specify notice only	plans, and other similar debts		
	Yes			- Curer, Specify HOUGE OFHY			:
							:

Debtor 1

Shantae D Jackson

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4	fter listing any entries on this page, n	alma (huruli)				l claim
-4-	Carle Physician Group			Last 4 digits of account number 2 3 2 4	\$	0.00
	Nonpriority Creditor's Name P O Box 6002			When was the debt incurred? 08/11/2014		
	Number Street Urbana	IL	61801	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.  A Debtor 1 only			☐ Unliquidated ☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only At least one of the debtors and another			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>		
	Check if this claim is for a commu	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?  ☑ No ☑ Yes			Other. Specify notice only		
5	- Алектоння почення в семення в почення в поч	r-Principle Adequate Aberganya was arenjer	kt hyr a knjedi for kta endervilseguenn knettjerts ar gerija dela kny settlet sluketiset skleves sl	Last 4 digits of account number 2 1 9 5		0.00
	Carle Physician Group  Nonpriority Creditor's Name				\$	0.00
	P O Box 6002			When was the debt incurred? 01/02/2014		
	Number Street Urbana	IL	61801	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			☐ Unliquidated ☐ Disputed		:
	Debtor 1 only Debtor 2 only			Type of NONDDIODITY was sound also		
	Debtor 1 and Debtor 2 only			Type of <b>NONPRIORITY</b> unsecured claim:  Student loans		
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that		
	Check if this claim is for a commu	nity debt		you did not report as priority claims		;
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Notice Only		
	☑ No ☑ Yes					
6		HISSONOSIONS TRACINIHANT	PI (Bergish), ki Semon dimulika ki nasina insurinsa 13 tempirila, dalam sessa		Challet (C. Calletinos de Ll. con com	0.00
	Carle Physician Group			Last 4 digits of account number 2 2 1 5	\$	
	Nonpriority Creditor's Name P O Box 6002			When was the debt incurred? 02/06/2014		
	Number Street Urbana	IL	61801	As of the date you file, the claim is: Check all that apply.		:
	City	State	ZIP Code	☐ Contingent		
	Who incurred the debt? Check one.			Unliquidated		•
	Debtor 1 only			☐ Disputed		:
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans		
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Check if this claim is for a commun	uty debt		Debts to pension or profit-sharing plans, and other similar debts		100
	Is the claim subject to offset?  ☑ No ☐ Yes			☑ Other. Specify notice only		

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Shantae D Jackson

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Debtor 1

Carle Foundation Hos	spital		Last 4 digits of account number 2 2 5 3	\$	
Nonpriority Creditor's Name 611 W Park			When was the debt incurred? 04/16/2014	Ψ	
Number Street		* *	As of the date you file the glaim in Charlell that with		
Urbana	IL.	61801	As of the date you file, the claim is: Check all that apply.		
Who incurred the debt? Ch Debtor 1 only	State eck one.	ZIP Code	Contingent Unliquidated Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors			Student loans		
Charletethia atain in ta			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for	-		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offse	t?		Other, Specify notice only		
☑ No					
Yes					
of Commercial Popularity and Commercial Production of the Production of the Commercial Production of th	entidaten den den entre het projekt and troppische in tentiment en betreiche den dier der prositie	innide sidentidas sus spectores, e en sidente e risconsider a en sidentida cidas sun particular.		Nilenia veletikoa veziatuo e	. Series ex
Carle Foundation Hos	pital		Last 4 digits of account number 2 2 5 3	\$	
Nonpriority Creditor's Name			When was the debt incurred? 04/16/2014		
611 W Park Number Street			**neti was the dept incurred?		
Urbana Street	IL	61801	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
ES 11			Unliquidated		
Who incurred the debt? Che	ck one.		☐ Disputed		
Debtor 1 only					
Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors a	and another		Student loans		
			Obligations arising out of a separation agreement or divorce that		
Check if this claim is for	a community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts		
ls the claim subject to offse	1?		Other. Specify Notice only		
☑ No					
Yes					
en beskalten fan Stocke fan de staden de beskalten fan Stocke fan	de description de description de la mental de	resonada a seguina versona del periodo de la composição d		Salta Chinata Andrica	loung
ChexSystems			Last 4 digits of account number 0 8 9 7	\$	
Nonpriority Creditor's Name			When was the debt incurred? 01/17/2017		
7805 Hudson Rd Ste 1	00		**Hell was the dept incurred?		
Number Street Woodbury	MN	55125	As of the date you fite, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent		
Who incurred the debt? Che	rk one		Unliquidated		
Debtor 1 only	JN OHO.		☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONDRIGHTY (management of the		
Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
At least one of the debtors a	nd another		☐ Student loans		
Check if this claim is for	a community data		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	=		Debts to pension or profit-sharing plans, and other similar debts		
s the claim subject to offset	7		Other, Specify notice only		

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Last Name

10						
10	Comcast			Last 4 digits of account number 0 8 9 7	\$	236.00
	Nonpriority Creditor's Name P O Box 3002			When was the debt incurred? 09/08/2016		
	Number Street Southeastern	PA	19398	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
	Debtor 1 only			☐ Disputed		
	Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another	er		Obligations arising out of a separation agreement or divorce that		
	☐ Check if this claim is for a comm	unity debt		you did not report as priority claims		
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit use		
	☑ No					
	Yes	tir enderside ee k stimming te ungewoodspage, day i	polityrilainin ja kirjantaan ja maassa kohe kaassa kaassa kaassa kaassa kaassa kaassa kaassa kaassa kaassa kaa Saassa kaassa kaass	d littleren blitter blitteren blitte	neders between the	tor (victoreal) en al sensive al s
11	Commonwealth Edison Comp	any		Last 4 digits of account number 0 8 9 7	\$	612.00
	Nonpriority Creditor's Name			When was the debt incurred? 09/21/2016		
	3 Lincoln Center Number Street			When was the debt incurred? U9/21/2016		
	Number Street Oakbrook Terrace	IL	60181	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Million for assumed the state O. C.			☐ Unliquidated		
	Who incurred the debt? Check one.			☐ Disputed		
	Debtor 1 only Debtor 2 only			T (NAMPHODIS)		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and anothe	r		Student loans     Obligations agising out of a senaration agreement or divorce that		
	☐ Check if this claim is for a commi	mitu dobt		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
		anty debt		Debts to pension or profit-sharing plans, and other similar debts		
	Is the claim subject to offset?			Other. Specify credit use		
	<ul><li>✓ No</li><li>✓ Yes</li></ul>					
12	માં માટે કર્યા કર્યા છે. તેમ જ મામ માટે માટે જોઇના આ માટે આ માટે આ માટે માટે આ માટે માટે માટે માટે માટે માટે મ માટે માટે માટે માટે માટે માટે માટે માટે	ear to the terminal and the feet and the fee	Q oler notice the necessaries were an extraction to the plant of the continue		signisty, view, Vell	0.00
	Equifax			Last 4 digits of account number 0 8 9 7	\$	0.00
	Nonpriority Creditor's Name			When was the debt incurred? 01/17/2017		
	P O Box 740241  Number Street			which was the debt incurred to an incurred to		
	Atlanta	GA	30374	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent		
	Who incurred the debt? Check one.			Unliquidated		
				☐ Disputed		
	Debtor 1 only Debtor 2 only			Type of NONDRIGHTY uncontrad alaims		
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	At least one of the debtors and another			<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>		
	Check if this claim is for a commu	nity debt		you did not report as priority claims		
	Is the claim subject to offset?	,		Debts to pension or profit-sharing plans, and other similar debts		
	Mo			☑ Other. Specify notice only		
	Yes					

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Debtor 1

Lasi Name

3 Expe				Last 4 digits of account number 0 8 9 7	s 0.
,	rity Creditor's Name Box 2002			When was the debt incurred? 01/17/2017	
Number Aller		TX	75013	As of the date you file, the claim is: Check all that apply.	
City Who i	ncurred the debt? Check	State	ZIP Code	Contingent Unliquidated Disputed	
	btor 1 only btor 2 only			Type of NONPRIORITY unsecured claim:	
	btor 1 and Debtor 2 only least one of the debtors and	d another		<ul><li>Student loans</li><li>Obligations arising out of a separation agreement or divorce that</li></ul>	
				you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify notice only	
4	nineen residentiinin vaan varineen valleen val	Kongolokis (ng 1489-489) (limby ya kinta ny toponom a talugata isaya	TOP TO A TOP TO SERVE A STATE OF THE SERVE AS A STATE	Last 4 digits of account number 7 9 0 4	s 433.0
	Premier Bank ity Creditor's Name			40/44/0045	\$ 433.0
3820 Number	N Louise Ave			When was the debt incurred? 10/14/2015	
	r Falls	SD	57107	As of the date you file, the claim is: Check all that apply.	
City		State	ZiP Code	Contingent	
<b>☑</b> Deł	ncurred the debt? Check	one.		☐ Unliquidated ☐ Disputed	
	otor 2 only otor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
☐ At i	east one of the debtors and			Student loans  Obligations arising out of a separation agreement or divorce that	
	eck if this claim is for a claim subject to offset?	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify Credit use	
☑ No ☐ Yes					
**************************************	Унаветій Рэмпій гон тэмній найших хуптары «Сарабем Карай» Сафиніяманіш э	torigen retor (Contillet) to entresta de Seran roto entresta e que acquesta e	ettyd (1940) filmen den en e		s 281.0
Peopl Nonpriori	es Energy ty Creditor's Name			Last 4 digits of account number 6 2 6 5	
	ast Randolph Street			When was the debt incurred? 11/23/2011	
Chica		IL	60601	As of the date you file, the claim is: Check all that apply.	
City		State	ZłP Code	Contingent Unliquidated	
	curred the debt? Check	one.		Disputed	
	tor 1 only tor 2 only				
	tor 2 only for 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	ast one of the debtors and	another		<ul> <li>Student loans</li> <li>Obligations arising out of a separation agreement or divorce that</li> </ul>	
☐ Che	ck if this claim is for a	community debt		you did not report as priority claims	
ls the c	laim subject to offset?			☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit use	

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Debtor 1

Shantae D Jackson

Zi Nu Cit Cit	/ho incurred the debt? Check one.  Debtor 1 only Debtor 2 only	IL State	61821 ZIP Code	When was the debt incurred? 10/06/2016  As of the date you file, the claim is: Check all that apply.	\$ 8,120.00
C City	umber Street Champaign  by  the incurred the debt? Check one.  Debtor 1 only Debtor 2 only				
C on w	thampaign the incurred the debt? Check one. I Debtor 1 only Debtor 2 only			As of the date you file, the claim is: Check all that apply.	
w G	/ho incurred the debt? Check one.  Debtor 1 only Debtor 2 only	State	ZIP Code		
	Debtor 1 only Debtor 2 only			Contingent	
0	Debtor 2 only			☐ Unliquidated ☐ Disputed	
				www. propored	
	l malara da antimatica de la			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans	
				Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts	
	the claim subject to offset?			Other. Specify Credit use	
	Yes				
17	return vitalin ja tilli käyrittöölerin tii väätisterettäävänista käyriteitä tala esinnä esiantaissan erkaissyyreteisisen ti	Andred Arbeitine Assesses Argeny	et ti kalifarin		erre de Christian de Amerikaan de Amerikaan parameter katuran parameter katuran parameter katuran parameter pa
P	eoples Energy  npriority Creditor's Name			Last 4 digits of account number 7 0 8 2	\$745.00
	npriority Creditor's Name  DO East Randolph			When was the debt incurred? 10/08/2014	
Nur	mber Street			***************************************	
	hicago	IL	60601	As of the date you file, the claim is: Check all that apply.	
City	y	State	ZIP Code	Contingent	
Wi	ho incurred the debt? Check one.			Unliquidated Disputed	
2	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	-
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			☐ Student loans	
				Obligations arising out of a separation agreement or divorce that	
u	Check if this claim is for a commun	nity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	the claim subject to offset?			Other. Specify Credit use	
	No Yes				
18	1940; min End Chiladain (Albu an Aith geangsachd) (Albhad An Chiladaile an aibu mann ann an an Airban) (Albhad An Aith an Aibh an Airban) (Albhad An Aibh an A		ta taamide tu oo		s 1,025.00
Sh	nemauger Emergency Physic npriority Creditor's Name	ians		Last 4 digits of account number 0 9 N 1	
	5 Main St			When was the debt incurred? 04/16/2014	
	ckson City	PA	18519	As of the date you file, the claim is: Check all that apply.	
City	1	State	ZIP Code	Contingent	
Wh	no incurred the debt? Check one.			Unliquidated	:
	Debtor 1 only			☐ Disputed	
	Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only			☐ Student loans	
	At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that	
	Check if this claim is for a commun	ity debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	
	he claim subject to offset?			Other. Specify medical	al control of the con
				,	;

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Debtor 1

Last Name

Afte	or listing any entries on this page, nu	ımber the	m beginning with	4.4, followed by 4.5, and so forth.	To	stal claim
19	Shemauger Emergency Physic	cians		Last 4 digits of account number 1 1 N 1	\$	95.00
	onpriority Creditor's Name 245 Main St			When was the debt incurred? 04/16/2014		
	Number Street Dickson City	PA	18519	As of the date you file, the claim is: Check all that apply.		
	City  Who incurred the debt? Check one.	State	ZIP Code	Contingent Unliquidated Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans		
	☐ Check if this claim is for a community the claim subject to offset?			<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>Debts to pension or profit-sharing plans, and other similar debts</li> <li>Other. Specify medical</li> </ul>		
	☐ Yes					
20	Shemauger Emergency Physic Nonpriority Creditor's Name	cians		Last 4 digits of account number 1 3 N 1	\$	331.00
	245 Main St			When was the debt incurred? 04/16/2014		
	Number Street Dickson City	PA	18519	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	☐ Contingent ☐ Unliquidated		
	Who incurred the debt? Check one.			Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
	Debtor 1 and Debtor 2 only			Student loans		
	At least one of the debtors and another  Check if this claim is for a commun	-141-6-4		<ul> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> </ul>		
	is the claim subject to offset?	nty debt		Debts to pension or profit-sharing plans, and other similar debts  Other. Specify medical		
	☑ No ☐ Yes					
21	Sprint	N. объечь нем ийх гу этин на подалог.	ro kallinetti kultista esi ketilahun sitte norra serikkil masembakakationorra	Last 4 digits of account number $0 8 9 7$	\$	698.00
	Nonpriority Creditor's Name P O Box 8077		4	When was the debt incurred? 11/23/2015		
	Number Street London	KY	40742	As of the date you file, the claim is: Check all that apply.		
	City	State	ZIP Code	Contingent Unliquidated		
	Who incurred the debt? Check one.			Disputed		
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		-
	Debtor 1 and Debtor 2 only  At least one of the debtors and another			Student loans		į
	Check if this claim is for a commun	ity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
	Is the claim subject to offset?  No Yes	y uebi		☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Credit use		To Committee to the committee of the com

Debtor 1

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Shantae D Jackson

Last Name

Your NONPRIORITY Unsecured Claims — Continuation Page

				10000				
Syncb/ Wal-mart			Last 4 digits of account number 6 0 0 3	\$	499.			
P O Box 965024								
Number Street Orlando	FL	32896	As of the date you file, the claim is: Check all that apply.					
City	State	ZIP Code	Contingent					
Who incurred the debt? Check	c one		Unliquidated					
Debtor 1 only	Cono.		☐ Disputed					
Debtor 2 only			Type of NONPRIORITY unsecured claim:					
Debtor 1 and Debtor 2 only			Student loans					
At least one of the debtors an	d another		Obligations arising out of a separation agreement or divorce the	at				
☐ Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	,				
Is the claim subject to offset?	•		Other. Specify Credit use	•				
☑ No ☑ Yes								
Synchrony Bank	THE STATE OF THE S	et Lieb Zutting (Lieb Steph Lit Grant Steph Lieb Steph	Last 4 digits of account number 6 0 0 3	\$	0.			
Nonpriority Creditor's Name	***************************************		When was the debt incurred? 06/29/2012					
950 Forrer Blvd Number Street			THE THE LIE WEST INVESTIGATION					
Kellering	ОН	45420	As of the date you file, the claim is: Check all that apply.					
City	State	ZIP Code	Contingent					
Who incurred the debt? Check	cone.		Unliquidated					
Debtor 1 only			☐ Disputed					
Debtor 2 only			Type of NONPRIORITY unsecured claim:					
Debtor 1 and Debtor 2 only			Student loans					
At least one of the debtors and	d another		Obligations arising out of a separation agreement or divorce that	at				
Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts					
Is the claim subject to offset?			Other. Specify notice only	•				
☑ No ☑ Yes								
	etter generalet in Statistische Andreich sind in Statische der der der Statische der Statische der Statische d	PC for the Original Association of European Control of the Revenue Scheduler as a second Scheduler as a second	Last 4 digits of account number 0 8 9 7	**************************************	0.			
TransUnion Nonpriority Creditor's Name		***						
P O Box 1000 Number Street			When was the debt incurred? 01/17/2017					
Chester	PA	19022	As of the date you file, the claim is: Check all that apply.					
City	State	ZIP Code	Contingent					
Who incurred the debt? Check	one.		☐ Unliquidated ☐ Disputed					
Debtor 1 only			Jisputed €					
Debtor 2 only			Type of NONPRIORITY unsecured claim:					
Debtor 1 and Debtor 2 only			Student loans					
At least one of the debtors and	i another		Obligations arising out of a separation agreement or divorce that	t				
Check if this claim is for a	community debt		you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts					
Is the claim subject to offset?			Other. Specify notice only					

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#### Your NONPRIORITY Unsecured Claims — Continuation Page

University Village at Cha	ampaign		Li	est 4 digits of account number 4 5 5 9	s 446.
Nonpriority Creditor's Name 2001 Moreland Blvd	- rg		 W	\$ 440.	
Number Street				after defended to the first terms of the second	
Champaign	IL	61822	A	s of the date you file, the claim is: Check all that apply.	
Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only	State one.	ZIP Code	T)	Contingent Unliquidated Disputed  pe of NONPRIORITY unsecured claim: Student loans	
At least one of the debtors and	another			Obligations arising out of a separation agreement or divorce that	x+
Check if this claim is for a	community debt			you did not report as priority claims	
Is the claim subject to offset?  ☑ No ☐ Yes	•		<u>.</u>	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use	•
activates sem visios in manar manar manar manar manar a transcription at manar a manar manar manar manar manar	NEW GARLON BUTTANIS STATES TO AMERICA TO A STATES AND STATES SANCTIONS SANCTIONS SANCTIONS SANCTIONS SANCTIONS	ES estados estacilantes estaculares en estaciones de la composição de la c	decemental and company of the compan	st 4 digits of account number $0$ $8$ $9$ $7$	\$ 1,500.(
McKinley Apartments Nonpriority Creditor's Name				· · · · · · · · · · · · · · · · · · ·	\$ 1,500.0
1862 Valley Rd			<del></del>	nen was the debt incurred? 02/01/2015	
Champaign	IL	61820	As	of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code		Contingent	
Who incurred the debt? Check	one			Unliquidated	
Debtor 1 only	Cale.		u	Disputed	
Debtor 2 only			Τv	pe of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				Student loans	
At least one of the debtors and	another			Obligations arising out of a separation agreement or divorce tha	t
Check if this claim is for a c	community debt			you did not report as priority claims	
Is the claim subject to offset?			L)	Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit use	
☑ No ☑ Yes				Office: Specify Credit use	
	ментика темперадуу жана жана жана жана жана жана жана жа	EL VENNERARIA PARTICIPA (IL PER 1895), VES PRIMARE PARTICIPA (IL PER 1895), VES PRIMA	La	et 4 digits of account number	S.
Nonpriority Creditor's Name			 Wł	en was the debt incurred?	
Number Street			As	of the date you file, the claim is: Check all that apply.	
City	State	ZIP Code		Contingent	
Who incurred the debt? Check of	one.			Unliquidated	
Debtor 1 only				Disputed	
Debtor 2 only			Ty	ne of NONPRIORITY unsecured claim:	
Debtor 1 and Debtor 2 only				Student loans	
At least one of the debtors and	another			Obligations arising out of a separation agreement or divorce that	
Check if this claim is for a c	ommunity debt		П	you did not report as priority claims	
Is the claim subject to offset?			_ _	Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
□ No				Ottor. Opcony	

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Debtor 1

Shantae D Jackson

Part 3:

List Others to Be Notified About a Debt That You Already Listed

5.	Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For
	example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or
	2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the
	additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

BYL Collection Services	<b>5</b>		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			40
301 Lacey St Number Street			Line 16 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Part 2: Creditors with Nonpriority Unsecured Claims
West Chester	PA	19382	Last 4 digits of account number 7 6 1 7
City	State	ZIP Code	
Cavalry Portfolio Svcs			On which entry in Part 1 or Part 2 did you list the original creditor?
500 Summit Lake Dr Ste	- 41		Line 22 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street	3 4A		Part 2: Creditors with Nonpriority Unsecured
			Claims
Valhalla	NY	10595	Last 4 digits of account number 2 0 3 4
City	State	ZIP Code	Last 4 digits of account number
CBCS		PERSONAL TERROPER PAGE TO PAGE PART BETTO PAGE PAGE PAGE.	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			, , ,
P O Box 2589			Line 17 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
***************************************	***************************************		Claims
Columbus	OH State	43216 ZIP Code	Last 4 digits of account number 2 8 2 5
and the second	s emergen more de conservation de la conservation d	kalannan kalangagi masengan samigaya sahayaya aya sama masasa	On which output in Bout 4 or Bout 2 did you list the existent products of
Commonwealth Financi	ai Systeini	)	On which entry in Part 1 or Part 2 did you list the original creditor?
245 Main St			Line 18 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Dickson City	PA	18519	Last 4 digits of account number
City  This between another think to remove the state of the street and the st	State	ZIP Code	
Commonwealth Financia	al Systems	} 	On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 19 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
245 Main St Number Street			Part 1: Creditors with Priority Unsecured Claims  ✓ Part 2: Creditors with Nonpriority Unsecured
			Claims
Dickson City	PA	18519	Last 4 digits of account number 1 1 N 1
City	State	ZIP Code	THE THE AT MAKE AN MAKABUR LIMITION TO THE TOTAL THE TOT
Commonwealth Financia	al Systems		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			Line 20 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims
245 Main St Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Dickson City	PA	18519	Last 4 digits of account number 1 3 N 1
City contribution of management of the contribution of the contrib	State	ZIP Code	
Contract Callers Inc			On which entry in Part 1 or Part 2 did you list the original creditor?
Name	~ 202		44
501 Greene St 3rd Fl Ste Number Street	5 302	* *************************************	Line 11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			✓ Part 2: Creditors with Nonpriority Unsecured Claims
Augusta	GA	30901	
City	State	ZIP Code	Last 4 digits of account number 2 7 5 8

Pari 3:

Case 17-01295 Shantae D Jackson

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Debtor 1

#### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Line 21 of (Check one):   Part 1: Creditors with Priority Unsecured Claims	Diversified Consultan	its		On which entry in Part 1 or Part 2 did you list the original creditor?
Part 2: Creditors with Nonpriority Unsecured Control of State   Part 2: Creditors with Nonpriority Unsecured Control of State   Part 2: Creditors with Nonpriority Unsecured Control of State   Part 3: Creditors with Nonpriority Unsecured Control of State   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: Creditors with Priority Unsecured Claims   Part 3: Creditors with Nonpriority Unsecured Claims   Part 3: C	Name			24
Part 2 Creditors with Norpriority Unsecured Claims   Part 2 Creditors with Norpriority Unsecured Claims   Part 2 Creditors with Norpriority Unsecured Claims   Part 3 creditors with Norpriority Unsecured Claims   Part 4 creditors with Norpriority Unsecured Claims   Part 5 creditors with Norprio				
City   State   Zipr Code	Mounder Street			Part 2: Creditors with Nonpriority Unsecured Claims
Enhanced Recovery Company Name P O Box 57547  Since Showl  Line 15 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Claims  Last 4 digits of account number 2 1 4 7  Claims  Chicago IL 60604 City Swite ZiP Code  Chicago IL 60604 City Swite Code Code City Swite Code Code City Swite Code City Swite Code Code City Swite Code Code Code Code Code Code Code Cod	Jacksonville	FL	32255	Last 4 digits of account number 3 9 0 6
Line 15 of (Check one):   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with	City	State		
P O Box 57547	Enhanced Recovery	Company		On which entry in Part 1 or Part 2 did you list the original creditor?
Street   Street   Street   State   S				
Claims				Line 15 of (Check one): Part 1: Creditors with Priority Unsecured Claims
Jacksonville	Number Street			
Harris & Harris Name  111 W Jackson Blvd Ste 400 Number Street  Claims  Chicago IL 60604 Harris & Harris Name  111 W Jackson Blvd Ste 400 Number Street  Claims  Chicago IL 60604 Harris & Harris Name  111 W Jackson Blvd Ste 400 Number Street  Claims  Chicago IL 60604 City Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City Check one): □ Part 2: Creditors with Nonpriority Unsecured  Claims  Chicago II Part 1: Creditors with Nonpriority Unsecured  Clai				Claims
Harris & Harris Name  111 W Jackson Blvd Ste 400    Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 3: Steel				Last 4 digits of account number 6 1 4 7
Line 4.1 of (Check one):   Part 1: Creditors with Priority Unsecured Clair	City  истопительные принципальные принципал	State	ZIP Code	
Line 4.1 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZiP Code  Harris & Harris Name  Chicago IL 60604 City State ZiP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.2 of (Check one): □ Part 1: Creditors with Nonpriority Unsecured Claims  Chicago IL 60604 City State ZiP Code  Claims  Chicago IL 60604 City State ZiP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZiP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZiP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604 Claims  Chicago IL 60604 Clay State ZiP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4 0 6  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 3 2 4  Claims  Chicago IL 60604				On which entry in Part 1 or Part 2 did you list the original creditor?
Chicago   IL   60604   Last 4 digits of account number   2   3   5   4    Harris & Harris   Claims   Last 4 digits of account number   2   3   5   4    Harris & Harris   Claims   Line   4.2   of   (Check one):   Part 1: Creditors with Priority Unsecured Claims   Part 2 did you list the original creditor?    Chicago   IL   60604   Last 4 digits of account number   2   3   8   4    Chicago   IL   60604   Last 4 digits of account number   2   3   8   4    Chicago   IL   60604   Last 4 digits of account number   2   3   8   4    Chicago   IL   60604   Last 4 digits of account number   2   3   8   4    Chicago   IL   60604   Line   4.3   of   (Check one):   Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claim				4.4
Claims  Claims  Chicago IL 60604 City State 2IP Code  Charris & Harris Name  111 W Jackson Blvd Ste 400  Chicago IL 60604 City State 2IP Code  Claims  Chicago IL 60604 City State 2IP Code  Chicago II 60604 City State 2IP Cod		Ste 400		<b>,</b>
Chicago IL 60604 City State ZIP Code  Harris & Harris Name  111 W Jackson Blvd Ste 400  Last 4 digits of account number 2 3 5 4  Chicago IL 60604 City State ZIP Code  Harris & Harris Name  Chicago IL 60604 City State ZIP Code  Harris & Harris Name  111 W Jackson Blvd Ste 400  Last 4 digits of account number 2 3 8 4  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number 2 3 8 4  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim S  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Claims  Chicago IL 60604	Number Street			
Claims  Chicago IL 60604 Claims  Chicago IL 60604 Cly Street  Claims  Chicago IL 60604 Cly Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 Cly Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 Cly Check one): □ Part 1: Creditors with Priority				Claims
Harris & Harris Name  111 W Jackson Blvd Ste 400  Line 4.2 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City Starte ZIP Code  Harris & Harris Name  Chicago IL 60604 Claims  Chicago II 70 60604 Claims Chicago II 70 60604 Claims Chi				Last 4 digits of account number 2 3 5 4
Line 4.2 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Nonpriority Unsecured Claims   Part 2: Creditors with Priority Unsecured Claims   Part 2: Creditors	ti ett protest film i kolitikist ett moterna varita var menen etgang ar ansatu ar megan ar menes ya pasami	State	ZIP Code	
Chicago IL 60604  Harris & Harris Number Street  Claims  Chicago IL 60604  Harris & Harris  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  Claims  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Claims  Chicago IL 60604				On which entry in Part 1 or Part 2 did you list the original creditor?
Chicago IL 60604  Harris & Harris Number Street  Claims  Chicago IL 60604  Harris & Harris  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  Claims  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Claims  Claims  Chicago IL 60604	111 W Jackson Blud	Sta 400		Line 4.2 of (Check one): [] Part 1: Creditors with Priority Unsequeed Claims
Chicago IL 60604 City State ZIP Code  Chicago IL 60604 City State ZIP Code  Charris & Harris  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604		316 400		·
Chicago IL 60604  Harris & Harris  Chicago IL 60604  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604  Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Claims  Chicago IL 60604  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604  Line 4 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claim Part 2 did you list the original creditor?  Claims  Chicago IL 60604  City Street  Claims  Chicago IL 60604  City State Zip Code  Chicago IL 60604				
Chicago IL 60604  Harris & Harris  Chicago IL 60604  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604  Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Claims  Chicago IL 60604  Last 4 digits of account number 2 4 0 6  Claims  Chicago IL 60604  Line 4 of (Check one): Part 1: Creditors with Nonpriority Unsecured Claim Part 2 did you list the original creditor?  Claims  Chicago IL 60604  City Street  Claims  Chicago IL 60604  City State Zip Code  Chicago IL 60604	Chicago	IL	60604	t and 4 divide of account warmton 2 3 8 4
Name  111 W Jackson Blvd Ste 400  Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims  Claims  Chicago IL 60604 City State ZIP Code  Harris & Harris Name  111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604 City Street  Claims  Chicago IL 60604 City Street  Claims  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604  City State ZIP Code  Claims  Chicago IL 60604				Last 4 digits of account number
Line 4.3 of (Check one): □ Part 1: Creditors with Priority Unsecured Claims	Harris & Harris			On which entry in Part 1 or Part 2 did you list the original creditor?
Chicago IL 60604 City State ZIP Code  Claims  Chart 4 digits of account number 2 4 0 6  Claims  Chart 5 Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604 Claims  Chicago IL 60604 City State ZIP Code  Claims  Chicago City Street  Claims	Name			
Chicago IL 60604  Harris & Harris Name  111 W Jackson Blvd Ste 400  City Street  Claims  Chicago IL 60604  Claims  Chicago IL 60604  Harris & Harris  Chicago IL 60604  Harris & Harris  Chicago IL 60604  Harris & Harris  Chicago IL 60604  City State ZIP Code  Claims  Chicago City Part 2: Creditors with Priority Unsecured Claim Part 2 creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claim Claims  Chicago IL 60604		Ste 400		
Chicago IL 60604  Harris & Harris Name  111 W Jackson Blvd Ste 400  City State ZIP Code  Line 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZIP Code  Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Part 2: Creditors with Nonpriority Unsecured Claims  Chicago IL 60604 City State ZIP Code  Claims  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claims  Chicago IL 60604  Chicago IL 60604  Chicago IL 60604  Chicago IL 60604	Number Street			
City State ZIP Code  Harris & Harris Name  111 W Jackson Blvd Ste 400  Line 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZIP Code  Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4 of (Check one): Part 2: Creditors with Nonpriority Unsecured Claims  Claims  Chicago IL 60604 Last 4 digits of account number 2 3 2 4  Con which entry in Part 1 or Part 2 did you list the original creditor?  111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago IL 60604 Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claim Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 5		······································		Claims
Harris & Harris Name  111 W Jackson Blvd Ste 400  Number Street  Chicago IL 60604  Harris & Harris Chicago IL 60604  Line 4 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claim  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Chicago III W Jackson Blvd Ste 400  Line 5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Chicago III W Jackson Blvd Ste 400  Number Street  Claims  Chicago III Go604  Last 4 digits of account number 2 3 2 4  Chicago III W Jackson Blvd Ste 400  Chicago III Go604				Last 4 digits of account number 2 4 0 6
Name  111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago   IL   60604   Last 4 digits of account number   2   3   2   4    Harris & Harris   Name  111 W Jackson Blvd Ste 400  Number Street  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5   of (Check one): □ Part 1: Creditors with Priority Unsecured Claim Part 2: Creditors with Priority Unsecured Claim Part 2: Creditors with Priority Unsecured Claim Part 2: Creditors with Nonpriority Unsecured Claim Claims  Chicago   IL   60604	eg maga ng agang a gamagan i ganda araning a ti salata mai ining mana taka taka ana ang taka manana mai matand Gamaga ng agang ang ang ang ang ang ang ang	State	ZIP Code	
Line 4 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604 City State ZIP Code  Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Priority Unsecured Claim  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4  Last 4 digits of account number 2 3 2 4				On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street  Claims  Chicago IL 60604 Last 4 digits of account number 2 3 2 4  Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Do which entry in Part 1 or Part 2 did you list the original creditor?  Part 1: Creditors with Priority Unsecured Claim  Claims  Chicago IL 60604  Last 4 digits of account number 2 3 2 4   Last 4 digits of account number 2 3 2 4  Claims		01. 400		Line A of (Ottook was) [] Dodd Over 19 Dr. 19 H
Chicago IL 60604  City State ZIP Code  Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): Part 1: Creditors with Priority Unsecured Claim  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Do which entry in Part 1 or Part 2 did you list the original creditor?  Part 2: Creditors with Priority Unsecured Claim  Chicago IL 60604  Last 4 digits of account number 2 3 2 4  Do which entry in Part 1 or Part 2 did you list the original creditor?  Part 2: Creditors with Nonpriority Unsecured Claims	***************************************	Ste 400	***************************************	•
Chicago   IL   60604   Last 4 digits of account number   2   3   2   4    Harris & Harris   On which entry in Part 1 or Part 2 did you list the original creditor?    111 W Jackson Blvd Ste 400   Line 5   of (Check one): □ Part 1: Creditors with Priority Unsecured Claim   Part 2: Creditors with Nonpriority Unsecured Claims    Chicago   IL   60604   Last 4 digits of account number   2   3   2   4      Draw   2   3   2   4     Draw   2   3   2   4     Draw   3   2   4     Draw   4   4   4   4   4   4   4     Draw   4   4   4   4   4   4     Draw   4   4   4     Draw   4   4     Draw	Number Super			
Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Nonpriority Unsecured  Claims  Chicago IL 60604	Ob:	±1	2000	
Harris & Harris Name  On which entry in Part 1 or Part 2 did you list the original creditor?  111 W Jackson Blvd Ste 400  Line 5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Nonpriority Unsecured  Claims  Chicago IL 60604				Last 4 digits of account number 2 3 2 4
Name  111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago IL 60604  Converted the Part 1 or Part 2 did you list the original creditor?  Line 5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Nonpriority Unsecured  Claims		VACIO		
111 W Jackson Blvd Ste 400  Number Street  Claims  Chicago IL 60604  Line 5 of (Check one): □ Part 1: Creditors with Priority Unsecured Claim  Part 2: Creditors with Nonpriority Unsecured  Claims				On which entry in Part 1 or Part 2 did you list the original creditor?
Number Street  Part 2: Creditors with Nonpriority Unsecured  Claims  Chicago IL 60604		Ste 400		U.5. (0) ) \D.6.(4.5
Claims  Chicago IL 60604		ノにててい		•
Chicago IL 60604				
last Adjates of apparent number / 1 M 3	Chicago	IL	60604	
				Last 4 digits of account number 2 1 9 5

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Debtor 1

#### Part 3:

### List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Harris & Harris		1.10.	On which entry in Part 1 or Part 2 did you list the original creditor?
111 W Jackson Blvd	1 Sto 400		ting 8
Number Street	1 316 400	***************************************	Line 6 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
Chicago	IL	60604	Last 4 digits of account number 2 2 1 5
City	State	ZIP Code	
Harris & Harris			On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
111 W Jackson Blvd	l Ste 400		Line 7 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
reguines onest			Part 2: Creditors with Nonpriority Unsecured Claims
Ohione	13		Gains
Chicago City	IL State	60604 ZIP Code	Last 4 digits of account number 2 2 5 3
		ZII VOQC	
Harris & Harris			On which entry in Part 1 or Part 2 did you list the original creditor?
111 W Jackson Blvd	1 Sto 400		Lina 8 of /Ohadaaaa T Dadd Oo Markey
Number Street	316 400		Line 8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
			✓ Part 2: Creditors with Nonpriority Unsecured Claims
Chicago	IL	60604	0.0.5.0
City	State	ZIP Code	Last 4 digits of account number 2 2 5 3
National Credit Syste	ems		On which entry in Part 1 or Part 2 did you list the original creditor?
Name			
P O Box 312125			Line 25 of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
			Claims
Atlanta City	GA State	31131 ZIP Code	Last 4 digits of account number 4 5 5 9
	300	Zir Çode	
Stellar Recovery			On which entry in Part 1 or Part 2 did you list the original creditor?
P O Box 48370			Line 10 of (Check one): Depart 1: Creditors with Priority Unsecured Claims
Number Street			, and the state of
			Part 2: Creditors with Nonpriority Unsecured Claims
Jacksonville	FL	32247	
City narrow is the producer, we operate the transfer of the tr	State	ZIP Code	Last 4 digits of account number 2 2 3 6
			On which entry in Part 1 or Part 2 dld you list the original creditor?
Name			in the state of th
6.1	***************************************		Line of (Check one):  Part 1: Creditors with Priority Unsecured Claims
Number Street			Part 2: Creditors with Nonpriority Unsecured
W			Claims
City	State	ZIP Code	Last 4 digits of account number
tti-mort oli tii molla (1 mollata) taatiinistä kastimaa jortuuminen hottotaa tettominen koitiin moonemakkon ko T		DEFENDATION OF THE PROPERTY OF	
Name			On which entry in Part 1 or Part 2 did you list the original creditor?
			line of (Cheek each C D to C m m = 1
Number Street		· · · · · · · · · · · · · · · · · · ·	Line of (Check one): Part 1: Creditors with Priority Unsecured Claims
			Part 2: Creditors with Nonpriority Unsecured Claims
City	State	ZIP Code	Last 4 digits of account number

Debtor 1

Part 4:

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Document

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Shantae D Jackson

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim	
Total claims	6a	. Domestic support obligations	6a.	\$	0.00
from Part 1	6b	. Taxes and certain other debts you owe the government	6b.	\$29,	904.00
	6c	. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d	. Other. Add all other priority unsecured claims. Write that amount here.	6d.	+\$	0.00
	<b>6</b> e	. <b>Total</b> . Add lines 6a through 6d.	6e.	\$29,	904.00
				Total claim	
Total claims	6f.	Student loans	6f.	and the state of t	0.00
Total claims from Part 2		Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6f. 6g.	and the state of t	0.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority		and the state of t	
	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other	6g.	**************************************	0.00

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Fillir	n this ii	nformation t	o identify yo	our case:											
Debto	or	Shantae I	D Jackson												
		First Name N/A		Middle Name		Last Name									
Debto (Spous	or2 se∛ffiling)			Middle Name		Last Name									
United	d States	Bankruptcy Co	ourt for the: No	rthern District	of Illinois		7								
Case	number						i i i i i i i i i i i i i i i i i i i								
(lf kno	wn)		***************************************												k if this is ar ded filing
	·													amen	aca ming
Offic	cial f	orm 10	)6G												
	<del></del>	• • • • • • • • • • • • • • • • • • • •	<del></del>	itory C	onfr	acts a	and I	l In	avni	rod	lase	200			12/15
1. Do	o you had no you had n	f more space ges, write you have any executes this bount of the grately each great rent, vehicle leases.	e is needed, our name an ecutory cont x and file this e information person or ce le lease, cell	sible. If two not copy the additional company with I phone). See	ditional poer (if known kpired lease court with if the contraction whom you the instru	age, fill it own). ses? a your other acts or leas u have the ctions for thi	schedule	ber ti es. Yo sted o	ou have ron Schedulease. The	s, and a nothing e ule A/B: en state n bookle	itach it to ise to repo	ort on th Official h contr exampl	sis form. Form 1	n the top of  06A/B). lease is fo xecutory o	of any
N	umber	Street			***************************************										
Ci	ity		Sta	te ZIP Cod	<b>→</b>										
2.2. NI	Kampanan-man-		et de la production de communicación de la com		a kathurasan Strupura ya yan a tasana		diaging, colony any dispulse for ex-	ggaglia sila serap		ertinopolitoritario (t. elisto) e	nicowity more reported to the state of the s	-tar wearmentering (	speciment benefit of the first	til er en state til fra til se til er til state til en til se til en til et til en til en til en til en til en	Left fremlers from memorism-fresigns step
: <u>IX</u>	I/A ame	***************************************			.,,,,										
Ni	umber	Street					***************************************								
Ci	ity		Sta	te ZIP Code	)										
2,3.	√A					e 1948 i Propositionile energiae que lighe que la				N-1844/99-15-5-99-15-809/99-7		spanie czylosylogieg	765654020405656		erite i en establista de electrica de la districação de la constituição de la constituição de la constituição
	ame														
EI.															
Nį	umber	Street													
Ĉi	ty		Stal	te ZIP Code	<del></del>			41-441.1.4.1							
2.4: 1	I/A											Local Management Commission			
	ame														
Nί	umber	Street													
Cit	ty	******	Stat	te ZIP Code	•	·····									
omanie and	agamere demonito	latinente en elle en erne etne en en en en en	tant manyangan mengangkan pengangan	id tellogg - social control		erando de la seda por de deservo en esta	lettera e konstre a un sur tre sy en	والمارة والمستشارة وساته				mandistry opening		یدن و پیشنونها و مشخصتها و تا میکند.	:
	N/A														
148	ame														
Νι	umber	Street													
Cit	ty		Stat	te ZIP Code	2										

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Fill in this information to identify your case:	
Debtor 1 Shantae D Jackson	
First Name Middle Name Last Name  Debtor 2 N/A	
(Spouse, if filing) First Name Middle Name Last Name	
United States Bankruptcy Court for the: Northern District of Illinois	
Case number (If known)	
	☐ Check if this is an amended filing
Official Form 106H	amonded hing
Schedule H: Your Codebtors	
	12/15
Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accu are filing together, both are equally responsible for supplying correct information. If more space is needed and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any case number (if known). Answer every question.	convithe Additional Page fill it out
Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)     No	
Yes	
<ol> <li>Within the last 8 years, have you lived in a community property state or territory? (Community property Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsir</li> </ol>	states and territories include
☑ No. Go to line 3.	,
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?	
□ No	
Yes. In which community state or territory did you live? Fill in the name and c	urrent address of that person.
Name of your spouse, former spouse, or legal equivalent	
Number Street	
City State ZIP Code	
그는 그들은 사람들은 아이들이 아이들은 그들은 사람이 되었다면 하는데 하는데 얼마를 받는데 하는데 되었다.	listed the creditor on
3.1 N/A	
Name   Schedule I	
Number Street Schedule E	9
	, into
2 2	
N/A Name Schedule E	
Schedule E	1
Number Street  Schedule C	6, line
City State ZIP Code	
N/A Schedule D	) line
Name Schedule E	
Number Street Schedule G	i de la companya de

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Fill in this information to identify	/ your case:						
Debtor 1 Shantae D Jacks	00						
First Name	Middle Name	Last Name					
Debtor 2 N/A (Spouse, if filing) First Name	Middle Name	Last Name					
United States Bankruptcy Court for the:	Northern District of Illinois	<b>Г</b> ₩		Ī			
Case number					Charle if	Alaia ia	
(if known)					Check if	tnis is: nended filing	
							postpetition chapter 13
Official Form 106I						ne as of the follow	
	_				MM /	DD / YYYY	
Schedule I: You	ir income						12/15
Be as complete and accurate as pupplying correct information. If y if you are separated and your spot separate sheet to this form. On the Part 19: Describe Employm	ou are married and not fili use is not filing with you, c e top of any additional pag	ng jointly, and ye do not include in	our sp forma	ouse is	i living with	you, include inform	nation about your spouse.
Fill in your employment information.		Debtor 1					on-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status	Employed  Not employ	red		i indonesta eta kantuarria da kantuarria da kantuarria da kantuarria da kantuarria da kantuarria da kantuarria	☐ Employed ☐ Not emplo	
Include part-time, seasonal, or self-employed work.		Bank Teller					
Occupation may include student or homemaker, if it applies.	Occupation		***************************************				
	Employer's name	US Bank Nat	ional	Asoc.			
	Employer's address	4000 W Broa	dway	1		Number Street	
						- Curation Curati	
		Robbinsdale		MN	55422		
		City	State	ZIP (	Code	City	State ZIP Code
	How long employed there	e? 2 mths				2 mths	÷
Part 2: Give Details About	Monthly Income						
Estimate monthly income as of spouse unless you are separated.	the date you file this form.	. If you have nothi	ng to r	eport fo	r any line, w	rite \$0 in the space.	Include your non-filing
If you or your non-filing spouse ha below. If you need more space, at	ve more than one employer, tach a separate sheet to this	, combine the info s form.	rmatio	n for all	employers fo	or that person on the	elines
				For	Debtor 1	For Debtor 2 or non-filing spou	
<ol><li>List monthly gross wages, sala deductions). If not paid monthly,</li></ol>	rry, and commissions (befo calculate what the monthly w	ore all payroll wage would be.	2.	\$ <u> </u>	,359.44	\$	·
3. Estimate and list monthly over	time pay.		3.	+ \$	0.00	+ \$	
4. Calculate gross income. Add lin	ne 2 + line 3.		4.	\$ <u> </u>	,359.44	\$	_

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Shantae D Jackson

Debtor 1

Debtor	1 Shaintae D Jackson First Name Middle Name Last Name		(	Case number (#,	known)			
			Fo	or Debtor 1	:	For Debtor 2 or non-filling spouse	i.	
Co	py line 4 here	<b>→</b> 4.	\$_	1,359.44		\$	_	
5. <b>Lis</b>	t all payroll deductions:							
58	a. Tax, Medicare, and Social Security deductions	5a.	\$	207.62	!	\$		
5b	. Mandatory contributions for retirement plans	5b.	\$_	0.00	-	\$	•	
50	. Voluntary contributions for retirement plans	5c.	\$_	0.00	_	\$		
50	Required repayments of retirement fund loans	5d.	\$_	0.00		\$		
5e	. Insurance	5e.	\$_	0.00		\$		
5f.	Domestic support obligations	5f.	\$_	0.00		\$		
5g	. Union dues	5g.	\$_	0.00	_	\$		
5h	Other deductions. Specify:	5h.	+\$	0.00	_	<b>⊦</b> \$		
	id the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	207.62	•	\$		
7. <b>C</b> a	alculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	1,151.82	-	\$		
8. <b>Lis</b>	t all other income regularly received:							
8a	. Net income from rental property and from operating a business, profession, or farm							
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00		\$		
8b	. Interest and dividends	8b.	\$	0.00		\$		
8c	. Family support payments that you, a non-filing spouse, or a depende regularly receive	nt	·	,	•	-		
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00		\$		
	. Unemployment compensation	8d.	\$	0.00		\$		
	. Social Security	8e.	\$_	0.00		\$		
8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:		¢	357.00		¢.		
		8f.	Ψ			Ψ		
·	. Pension or retirement income	8g.	\$	0.00		\$		
8h	. Other monthly income. Specify:	8h.	+\$	0.00		+\$		
9. <b>Ad</b>	d all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	357.00		\$	]	
	culate monthly income. Add line 7 + line 9.  I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$	1,508.82	+	\$0.00	= [s	1,508.82
Incl	te all other regular contributions to the expenses that you list in Sched ude contributions from an unmarried partner, members of your household, y ids or relatives.			ents, your roo	mma	tes, and other		
	not include any amounts already included in lines 2-10 or amounts that are r	not av	ailable	to nav exner	nses l	isted in Schedule I		
	cify:					11.	+ \$	0.00
2. <b>Ado</b> Writ	the amount in the last column of line 10 to the amount in line 11. The reference that amount on the Summary of Your Assets and Liabilities and Certain Si	result tatistic	is the	combined mo	onthly apolie	income. s 12.	\$	1,508.82
	you expect an increase or decrease within the year after you file this fo				\$- \$m	- , <u>.</u> .	C	ombined onthly income
Ø	No.	oren (				···•		- Whiteheart disease
	Yes. Explain:	•						

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Fill in this information to identify	your case:				
Debtor 1 Shantae D Jackson	Middle Name Last Name	Check if thi	s is:		
Debtor 2 N/A		An ame		na	
(Spouse, if filling) First Name	Middle Name Last Name	- A supple		~	petition chapter 13
United States Bankruptcy Court for the:	Northern District of Illinois			the following	
Case number (If known)		MM / DD	/ YYYY	Auditor	
Official Form 106J					
Schedule J: Yo	ur Expenses				12/15
Be as complete and accurate as prinformation. If more space is need (if known). Answer every question	ossible. If two married people are fil ed, attach another sheet to this forn	ing together, both are equally re n. On the top of any additional p	sponsib ages, wr	le for supply ite your nam	ring correct se and case number
Part 1: Describe Your Hou	ısehold				
Is this a joint case?					
<ul><li>✓ No. Go to line 2.</li><li>✓ Yes. Does Debtor 2 live in a s</li></ul>	separate household?				
□ No					
☐ Yes, Debtor 2 must file	e Official Form 106J-2, Expenses for S	Separate Household of Debtor 2.			
2. Do you have dependents?	☐ No		97 · 11 · 11 · 11 · 12 · 13 · 14 · 14 · 14 · 14 · 14 · 14 · 14	TOUT THE PERSON AND THE WAY SELECT AND AND AND AND A SELECT	- No No.
Do not list Debtor 1 and Debtor 2.	Yes. Fill out this information for each dependent	Dependent's relationship to Debtor 1 or Debtor 2		ependent's ge	Does dependent live with you?
Do not state the dependents' names.		son	8	mths	☐ No ☑ Yes
			<del></del> -	Yerlei Innian Innaan	☐ No ☐ Yes
					☐ No
					☐ Yes
					☐ No ☐ Yes
					☐ Yes
					Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes				
Part 2: Estimate Your Ongoi	ng Monthly Expenses				
	bankruptcy filing date unless you a	re using this form as a suppliant	ont in a f	Chantar 42 a	
expenses as of a date after the ban applicable date.	kruptcy is filed. If this is a suppleme	ental Schedule J, check the box	at the to	p of the form	ase to report and fill in the
	-cash government assistance if you			e North Albertain	ESTANONIA NA SAL
	it on Schedule I: Your Income (Office	·	anata.	Your exper	ises
<ol> <li>The rental or home ownership early rent for the ground or lot.</li> </ol>	xpenses for your residence. Include	first mortgage payments and	4.	\$	400.00
If not included in line 4:					
4a. Real estate taxes			4a.	\$	0.00
4b. Property, homeowner's, or re	enter's insurance		4b.	\$	0.00
4c. Home maintenance, repair, a	ind upkeep expenses		4c.	\$	0.00
4d. Homeowner's association or	condominium dues		4d.	\$	0.00

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Debtor 1 Shantae D Jackson
First Name Middle Name Last Name Case number (if known)

			Your exp	
5	Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6	Utilities:			
	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$ \$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	······································
	6d. Other. Specify:	6d.	\$	0.00
7.		7.	\$	400.00
8.	Childcare and children's education costs	8.	\$	300.00
9.	Clothing, laundry, and dry cleaning	9.	\$	75.00
10.	Personal care products and services	10.	\$	45.00
11.	Medical and dental expenses	11.	\$	35.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12.	\$	150.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.			
	15a. Life insurance	15a.	¢	0.00
	15b. Health insurance	15a. 15b.	•	0.00
	15c. Vehicle insurance	15c.	\$	0.00
	15d. Other insurance, Specify:	15d,	\$ \$	0.00
16.	Toyon Do not include towns disclosed for		-	
10.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.  Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a,	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.		0.00
		10.	\$	0.00
19.	Other payments you make to support others who do not live with you.			
	Specify:	19.	\$	0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom	1e.		
	20a. Mortgages on other property	20a.	\$	0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00

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Debtor	1 Shantae D Jackson First Name Middle Name Last Name	Case number (# known)	
21. <b>O</b> t	her. Specify: school loans	21.	+\$ 50.00
22. <b>Ca</b>	iculate your monthly expenses.	*	and had a street an income to a specific of a state of a security of a part of a part of the Atlantic of a security of a part of the Atlantic of a security of a part of the Atlantic of a security of a part of the Atlantic of a security of a part of the Atlantic of a security of a part of the Atlantic of a security of
228	a. Add lines 4 through 21.	22a.	\$ 1,555.00
221	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	22b.	\$ 0.00
220	c. Add line 22a and 22b. The result is your monthly expenses.	<b>22</b> c.	\$1,555.00
23. <b>Cal</b> c	culate your monthly net income.		
23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$1,508.82
23b.	Copy your monthly expenses from line 22c above.	23b.	<b>-</b> \$1,555.00
23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <b></b>	\$
24. <b>Do y</b>	ou expect an increase or decrease in your expenses within the year after you fi	ile this form?	
For e mort	example, do you expect to finish paying for your car loan within the year or do you exp gage payment to increase or decrease because of a modification to the terms of your	oect your mortgage?	
☐ Y	es. Explain here:		

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n this info	rmation to identif	y your case:				
	hantae D Jack	son				
	rst Name V/A	Middle Name	Last Name			
se, if filing) Fir		Middle Name	Last Name			
d States Bar	nkruptcy Court for the	e: Northern District of	of Illinois			
number						
						Check if this
						amended fil
efficial I	Form 106E	<b>)</b> 00				
ecla	ration /	<b>About</b> an	ı Individu	ıal Debtor's	Schedules	12
wo married	d people are filin	together both a	re equally responsib			
TO MIGHTICE	a beoble are mini			la far cumpluing parract in		
taining mo	ney or property i	ver you file bankr	uptcy schedules or tion with a bankrup	le for supplying correct in amended schedules. Makin tcy case can result in fines	ng a false statement, co	ncealing property, o
taining mo ars, or both  S  Did you po	ney or property in the second	ever you file bankri by fraud in connec 2, 1341, 1519, and y someone who is	uptcy schedules or ction with a bankrup I 3571.	amended schedules. Makin tcy case can result in fines	ng a false statement, co s up to \$250,000, or impl cy forms?	risonment for up to 2
Did you p	ney or property I h. 18 U.S.C. §§ 15 Sign Below	ever you file bankri by fraud in connec 2, 1341, 1519, and y someone who is	uptcy schedules or ction with a bankrup I 3571.	amended schedules. Makin tcy case can result in fines	ng a false statement, cos up to \$250,000, or imposed cy forms?  Petition Preparer's Notice, Description	risonment for up to 2
Did you particle Yes.	h. 18 U.S.C. §§ 15  Sign Below  ay or agree to pa	ever you file bankri by fraud in connect 22, 1341, 1519, and y someone who is declare that I have	uptcy schedules or tion with a bankrup I 3571.	amended schedules. Makintcy case can result in fines help you fill out bankrupto	ng a false statement, cos up to \$250,000, or implement of the statement of	risonment for up to 2
Did you particular yes.	h. 18 U.S.C. §§ 15  Sign Below  ay or agree to pa  Name of person	ever you file bankri by fraud in connect 22, 1341, 1519, and y someone who is declare that I have	uptcy schedules or ction with a bankrup i 3571.  NOT an attorney to e read the summary	amended schedules. Makintcy case can result in fines  help you fill out bankrupto  Attach Bankruptcy Signature (Official F	ng a false statement, cos up to \$250,000, or implement of the statement of	risonment for up to 2
Did you particularly Yes.	iney or property in the 18 U.S.C. §§ 15 in 18 U.S.C	ever you file bankri by fraud in connect 22, 1341, 1519, and y someone who is declare that I have	uptcy schedules or cition with a bankrup is 3571.  NOT an attorney to e read the summary	amended schedules. Makintcy case can result in fines  help you fill out bankrupto  Attach Bankruptcy Signature (Official F	ng a false statement, cos up to \$250,000, or implement of the statement of	risonment for up to 2
Did you poor No Yes.	iney or property in the 18 U.S.C. §§ 15 in 18 U.S.C	ever you file bankri by fraud in connect 22, 1341, 1519, and y someone who is declare that I have	uptcy schedules or cition with a bankrup is 3571.  NOT an attorney to e read the summary	amended schedules. Making toy case can result in fines  help you fill out bankrupto  Attach Bankruptoy Signature (Official F	ng a false statement, cos up to \$250,000, or implement of the statement of	risonment for up to 2

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ebtor 1	Shantae D Ja	ackson			
ebtor 2	First Name	Middle Name	Last Name		
ouse, if filing	***************************************	Middle Name	Last Name		
ited States	Bankruptcy Court fo	r the: Northern District of	<sup>f</sup> Illinois		
se number known)					☐ Check if this is
					amended filing
·	Form 107				
				riduals Filing for Ba	
s comple mation.	te and accurate If more space is	as possible, if two mar needed, attach a separ	ried people are filing tate sheet to this fo	g together, both are equally respons rm. On the top of any additional page	ible for supplying correct
ber (if kn	own). Answer ev	ery question.	ate sheet to this lo	mi. On the top of any additional page	es, write your name and case
nt 1: 0	ive Details Ab	out Your Marital Sta	atus and Where Y	ou Lived Before	
What is v	our current mari	ital status?			
		iai saids.			
Marrie Mot m					
During th	e last 3 vears h	ave you lived annuhere	other than where	ray the may 2	
	e last 3 years, ha	ave you lived anywhere	other than where y	ou live now?	
<b>Y</b> No					
V No Yes. I	ist all of the place	ave you lived anywhere	years. Do not includ	where you live now.	itada karana Nuraka suma musi mus
☑ No ☐ Yes. I					Dates Debtor : lived there
☑ No ☐ Yes. I	ist all of the place		years. Do not includ	where you live now.	lived there
V No Ves. I	ist all of the place		years. Do not includ	Debtor 2:	lived there
V No Ves. I Deb	ist all of the place		years. Do not includ Dates Debtor 1 lived there	e where you live now. Debtor 2:	lived there  Same as Debt
No Yes. I	ist all of the place		Dates Debtor 1 lived there	Debtor 2:	lived there  Same as Debt  From
V No Ves. I Deb	List all of the place  tor 1:		Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	lived there  Same as Debte
V No Yes. I Deb	List all of the place  tor 1:	es you lived in the last 3	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street	lived there ☐ Same as Debt From To
V No Peb  Nur  City	List all of the place	es you lived in the last 3	Dates Debtor 1 lived there	Debtor 2:  Same as Debtor 1  Number Street  City State 2	Same as Debt From To
V No Yes. I Deb	ist all of the place	es you lived in the last 3	Dates Debtor 1 lived there  From To	Debtor 2:  Same as Debtor 1  Number Street  City State 2	Ilived there  Same as Debto  From  To  ZIP Code
No Yes. I Deb	List all of the place	es you lived in the last 3	pears. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State 2	Ilived there  Same as Debt  From  To  ZIP Code  Same as Debto  From  From  From  From  From
No Yes. I Deb	List all of the place stor 1:	es you lived in the last 3 y	pears. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State 2  Number Street	Same as Debto From To  ZIP Code  Same as Debto From To
No Peb	List all of the place stor 1:	es you lived in the last 3	pears. Do not include  Dates Debtor 1 lived there  From To  From	Debtor 2:  Same as Debtor 1  Number Street  City State 2	Ilived there  Same as Debte From To  ZIP Code  Same as Debte  From From From
No Yes. I Deb	ist all of the place tor 1:  nber Street	State ZIP Code	Prom To  From To  From To  From To	Debtor 2:  Same as Debtor 1  Number Street  City State 2  Number Street  City State 2	Same as Debto From To  ZIP Code  ZIP Code  ZIP Code
No Yes. I Deb	ist all of the place tor 1:  nber Street	State ZIP Code	Prom To  From To  From To  From To	Debtor 2:  Same as Debtor 1  Number Street  City State 2  Number Street	Ilived there  Same as Debte  From  To  Same as Debte  From  To  ZIP Code  ZIP Code
No Peb Nur City Within the states and	nber Street  ster 8 years, die territories include	State ZIP Code	Prom To  From To  From To  Coouse or legal equive, Louisiana, Nevado	Same as Debtor 1  Number Street  City State 2  Same as Debtor 1  Number Street  City State 2  City State 2  Valent in a community property state its, New Mexico, Puerto Rico, Texas, W	Same as Debto From To  ZIP Code  ZIP Code  ZIP Code

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Shantae D Jackson

Debtor 1

btor 1 Shanne D Jackson First Name Middle Name Last	Name	Case nu		
Did you have any income from a release.				
<ul> <li>Did you have any income from employmer Fill in the total amount of income you receive If you are filing a joint case and you have income</li> </ul>	d from all jobs and all busing	nesses, including part-til	me activities.	ndar years?
☐ No ☑ Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$679.72	Wages, commissions, bonuses, tips	\$
	Operating a business		Operating a business	
For last calendar year:	Wages, commissions, bonuses, tips	\$ 2,377.24	Wages, commissions, bonuses, tips	\$
(January 1 to December 31,2016 YYYY	Operating a business	* The state of the	Operating a business	
For the calendar year before that:	Wages, commissions, bonuses, tips		Wages, commissions, bonuses, tips	
	Operating a business	\$		\$
(January 1 to December 31, 2015 YYYY  Did you receive any other income during the Include income regardless of whether that incurrently unemployment, and other public benefit paying gambling and lottery winnings. If you are filling	nis year or the two previo ome is taxable. Examples ents; pensions; rental inco	of other income are alim me; interest; dividends;	money collected from lawsu	its: rovalties: and
Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e	nis year or the two previo ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alim me; interest; dividends; income that you receive	ony, child support; Social Si money collected from lawsu ad together, list it only once o	its: rovalties: and
Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e	nis year or the two previo ome is taxable. Examples ents; pensions; rental inco a joint case and you have	of other income are alim me; interest; dividends; income that you receive	ony, child support; Social Si money collected from lawsu ad together, list it only once o	its: rovalties: and
Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from e	nis year or the two previous ome is taxable. Examples tents; pensions; rental income a joint case and you have each source separately. Do  Debtor 1  Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and	ony; child support; Social Somoney collected from lawsured together, list it only once of you listed in line 4.	its; royalties; and under Debtor 1.  Gross income from each source (before deductions and
Did you receive any other income during the Include income regardless of whether that include unemployment, and other public benefit paying gambling and lottery winnings. If you are filling List each source and the gross income from each of the Yes. Fill in the details.	nis year or the two previo ome is taxable. Examples tents; pensions; rental inco a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	ony; child support; Social Somoney collected from lawsus at together, list it only once of you listed in line 4.  Debtor 2  Sources of Income.  Describe below.	its; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that inclunemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.	nis year or the two previo ome is taxable. Examples tents; pensions; rental inco a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	cony; child support; Social Somoney collected from lawsus at together, list it only once of you listed in line 4.  Debtor 2  Sources of Income Describe below.	its; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that include income regardless of white income regardless of white include income regardless of white income regardless of whi	nis year or the two previo ome is taxable. Examples tents; pensions; rental inco a joint case and you have each source separately. Do Debtor 1 Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)	pony; child support; Social Somoney collected from lawsus and together, list it only once of you listed in line 4.  Debtor 2  Sources of Income Describe below.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that include income regardless of white regardl	nis year or the two previous ome is taxable. Examples thents; pensions; rental incompacts a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  357.00	ony; child support; Social Somoney collected from lawsus at together, list it only once of you listed in line 4.  Debtor 2  Sources of Income.  Describe below.	Gross income from each source (before deductions and exclusions)
Did you receive any other income during the Include income regardless of whether that income unemployment, and other public benefit paying gambling and lottery winnings. If you are filing List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:	nis year or the two previous ome is taxable. Examples thents; pensions; rental incompacts a joint case and you have each source separately. Do Debtor 1  Sources of income Describe below.	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  357.00	ony; child support; Social Somoney collected from lawsus of together, list it only once of you listed in line 4.  Debtor 2  Sources of Income Describe below.	its; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)
Did you receive any other income during the include income regardless of whether that include unemployment, and other public benefit paym gambling and lottery winnings. If you are filling List each source and the gross income from e No Yes. Fill in the details.  From January 1 of current year until the date you filed for bankruptcy:  For last calendar year:  (January 1 to December 31, 2016 YYYY)	nis year or the two previous ome is taxable. Examples tents; pensions; rental incoments a joint case and you have each source separately. Do  Debtor 1  Sources of income Describe below.  SNAP  SNAP	of other income are alimme; interest; dividends; income that you receive not include income that  Gross income from each source (before deductions and exclusions)  357.00	pony; child support; Social Somoney collected from lawsus and together, list it only once of you listed in line 4.  Debtor 2  Sources of Income Describe below.	its; royalties; and under Debtor 1.  Gross income from each source (before deductions and exclusions)

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Debtor 1	Shantae D Jackson First Name Middle Nam		Lasi Name			Case number (#	known)	
Part 3:	List Certain Paym	ents You	Made Befor	e You File	d for Bankru	ptcy		
6. Are eit	her Debtor 1's or Deb	tor 2's debt	s primarily c	onsumer de	bts?			
☐ No	. Neither Debtor 1 no "incurred by an indivi	r Debtor 2 h dual primaril	i <b>as primarily</b> y for a persor	consumer on al, family, or	lebts. Consum household pur	er debts are defined pose."	d in 11 U.S.C. § 101(	8) as
	During the 90 days b	efore you file	ed for bankrup	tcy, did you	pay any credito	r a total of \$6,425*	or more?	
	No. Go to line 7.							
	Yes. List below en total amount child suppor	t you paid th	at creditor. Do	not include	payments for d	ore in one or more pomestic support ob corney for this bank	ligations, such as	
	* Subject to adjustme							
<b>Ø</b> Ye	s. Debtor 1 or Debtor 2	or both ha	ve primarily	consumer d	ebts.			
	During the 90 days be					r a total of \$600 or	more?	
	No. Go to line 7.							
	Yes. List below ea	not include r	payments for a	domestic suc	f \$600 or more port obligations ney for this bani	s such as child sun	nt you paid that port and	
				Dates of payment	Total amou	it paid Amo	unt you still owe	Was this payment for
	Creditor's Name				\$	\$		☐ Mortgage
	Creditor's Name							Car
	Number Street							Credit card
								Loan repayment
								Suppliers or vendors
	City	State	ZIP Code					Other
					\$	\$		☐ Mortgage
	Creditor's Name		The state of the s					Car
	Number Street							Credit card
	3350							Loan repayment
								Suppliers or vendors
	City	State	ZIP Code					Other
	J.,	Otate	Air Code					
	Creditor's Name				\$	\$		☐ Mortgage
	0.00,10, 0, 1,0,110							☐ Car
	Number Street			***************************************				Credit card
								Loan repayment
		***************************************						☐ Suppliers or vendors
	City	State	ZIP Code					Other

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otor 1	Shantae D Jackson First Name Middle Name Last Name		Ne-Hordson	Case number (if knowl	7)	
corpo agen	hin 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  ders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner;  porations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing  nt, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations,  n as child support and alimony.					
<b>U</b> N						
	es. List all payments to an insider.					
		Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
	Insider's Name	***************************************	\$	\$		
	Number Street		-			
			-		:	
i	City State ZIP Code					
i	insider's Name		. \$	\$		
ī	Number Street	**				
-	City State ZIP Code					
nclud No	n 1 year before you filed for bankruptcy, did yo sider? e payments on debts guaranteed or cosigned by o es. List all payments that benefited an insider.		Total amount	, ag tarta en ettemen	n account of a debt that benefited  Reason for this payment Include creditor's name	
Īŕ	nsider's Name		\$	\$		
Ñ	lumber Street	<del>-1110 710 11.</del>		:		
č	ity State ZIP Code			:		
În	sider's Name	47000-11-11	\$	\$		
N	umber Street	****		:		
		AM-1				
Ci	ty State ZIP Code					

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	Case number (if known)	
	Annual College College	
s, small claims actions, div	suit, court action, or administrati orces, collection suits, paternity acti	ve proceeding? ons, support or custody modification
	•	, , , , , , , , , , , , , , , , , , , ,
na ing manakan ing maggapaga	A 150 Astronomica e e esta paga an ele	O 1998 a le Nobel Nobel de la composition de parte
ire of the case	Court or agency	Status of the case
	****	Pending
	Court Name	On appeal
	Number Street	Concluded Concluded
	;	Considered
	City State ZIP	Code
	anda min	
	Court Name	Pending
	:	On appeal
	Number Street	☐ Concluded
	: 	
	City State ZIP	Code
Describe the property	Da	te Value of the property
		\$
Examining subject to a second		
Describe the property	Dat	e Value of the property
	<del>PP-VI.LL-/</del>	<u> </u>
Explain what hannened		
444		
. ,		
	ere you a party in any laws, small claims actions, divides, divides, small claims actions, divides, divides	Court Name    Number   Street

Case 17-01295 Doc 1 Filed 01/17/17 Entered 01/17/17 12:06:25 Desc Main Document Page 56 of 64 Shantae D Jackson Debtor 1 Case number (if known)\_ Last Name 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? ☑ No Yes. Fill in the details. Describe the action the creditor took Date action Amount was taken Creditor's Name Number Street State ZiP Code Last 4 digits of account number: XXXX-12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? M No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts Person to Whom You Gave the Gift Number Street City ZIP Code Person's relationship to you Gifts with a total value of more than \$600 Describe the gifts Dates you gave per person the gifts

Number Street

Person to Whom You Gave the Gift

Person's relationship to you

State ZIP Code

Case 17-01295 Doc 1 Filed 01/17/17 Entered 01/17/17 12:06:25 Desc Main Document Page 57 of 64 Shantae D Jackson Debtor 1 Case number (if known) Last Name 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities Describe what you contributed Date you that total more than \$600 contributed Charity's Name Number Street City State ZIP Code Part 6: **List Certain Losses** 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? **W** No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: **List Certain Payments or Transfers** 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. **₩** No Yes. Fill in the details. Description and value of any property transferred Date payment or Amount of payment transfer was Person Who Was Paid made

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City

Number Street

Email or website address

Person Who Made the Payment, if Not You

State

ZIP Code

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	Shantae D Jackson First Name Middle Name Las	st Name	Case number (if known)		
1,0-		Description and value of any property	transferred	Date payment or	Amount of
				transfer was made	payment
	Person Who Was Paid	<u></u>			_
	Number Street	-	: : :	_ <del></del>	\$
			:	***************************************	\$
	City State ZIP Code	-	:		
	Email or website address				
	Person Who Made the Payment, if Not You				
ÍN	ot include any payment or transfer that y to es. Fill in the details.				
<b>=</b> (	os. i iii iii die delaiis.	Description and value of any property to	ansferred	Date payment or #	Amount of paymer
	Person Who Was Paid			transfer was made	
	TOSON TRIOTYGS   GIV				
	Number Street			\$	<b></b>
	Number Street			s	
'ithi	City State ZIP Code n 2 years before you filed for bankrup	ntcy, did you sell, trade, or otherwise t	ransfer any property to	\$	property
ithi ans cluc o no	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your l de both outright transfers and transfers no out include gifts and transfers that you have	business or financial affairs? nade as security (such as the granting of ve already listed on this statement.	a security interest or mo	rtgage on your prope	erty).
ithi ans cluc o no	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your l de both outright transfers and transfers n ot include gifts and transfers that you hav	business or financial affairs?  nade as security (such as the granting of /e already listed on this statement.  Description and value of property transferred	a security interest or mo	rtgage on your prope	erty).
ithi ans cluc o no No Ye	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your l de both outright transfers and transfers n ot include gifts and transfers that you hav	business or financial affairs?  nade as security (such as the granting of ve already listed on this statement.  Description and value of property	a security interest or mo	rtgage on your prope	erty). Date transfer
ithi ans cluc no No Ye	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers n ot include gifts and transfers that you hav o es. Fill in the details.	business or financial affairs?  nade as security (such as the granting of /e already listed on this statement.  Description and value of property transferred	a security interest or mo	rtgage on your prope	erty).  Date transfer
ithi ans cluc no No No No No No No No No No No No No No	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers n ot include gifts and transfers that you hav o es. Fill in the details.	business or financial affairs? nade as security (such as the granting of re already listed on this statement.  Description and value of property transferred	a security interest or mo  Describe any property or or debts paid in exchang	rtgage on your proper payments received	erty). Date transfer
ithi ans cluc onc N	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers no at include gifts and transfers that you hav o es. Fill in the details.  Person Who Received Transfer	business or financial affairs? nade as security (such as the granting of re already listed on this statement.  Description and value of property transferred	a security interest or mo	rtgage on your proper payments received	erty).  Date transfer
ithi ans cluc o no No P	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers n ot include gifts and transfers that you hav o es. Fill in the details.  Person Who Received Transfer  Jumber Street	business or financial affairs? nade as security (such as the granting of re already listed on this statement.  Description and value of property transferred	a security interest or mo  Describe any property or or debts paid in exchang	rtgage on your proper payments received	erty).  Date transfer
F F F	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers in t include gifts and transfers that you hav o es. Fill in the details.  Person Who Received Transfer  Jumber Street  State ZIP Code  Person's relationship to you	business or financial affairs? nade as security (such as the granting of re already listed on this statement.  Description and value of property transferred	a security interest or mo  Describe any property or or debts paid in exchang	rtgage on your proper payments received	erty). Date transfer
F F F N	City State ZIP Code  n 2 years before you filed for bankrup ferred in the ordinary course of your I de both outright transfers and transfers in ot include gifts and transfers that you have outlined by the details.  Person Who Received Transfer  State ZIP Code  Person's relationship to you  erson Who Received Transfer	business or financial affairs? nade as security (such as the granting of re already listed on this statement.  Description and value of property transferred	a security interest or mo  Describe any property or or debts paid in exchang	rtgage on your proper payments received	erty). Date transfer

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₩ No	n 10 years before you filed for banl beneficiary? (These are often called	Cruptcy, did you transfer any prope			
₩ No	n 10 years before you filed for bank beneficiary? (These are often called	Cuptcy, did you transfer any prope			
		asset-protection devices.)	rty to a self-settled trust	or similar device of v	vhich you
	o es. Fill in the details.				
		Description and value of the present			
		Description and value of the prop			Date transfer was made
Nar	me of trust				
		TOTAL CONTROL			
	1-10-10-10-10-10-10-10-10-10-10-10-10-10				
	to an appropriate the designation of the control representation of		والمناف والمناف والمنافض		
		rts, Instruments, Safe Deposit			and the second s
. Within	1 year before you filed for bankru	ptcy, were any financial accounts o	or instruments held in yo	our name, or for your	benefit,
Ciuseu,	i, solu, filoved, or transferred?	et, or other financial accounts; cert			
DIOKEI	age nouses, pension tunds, coope	eratives, associations, and other fir	nancial institutions.	s in Danks, Credit un	ions,
☑ No ☐ Yes	s. Fill in the details.				
	or in the details.	water Armina and Armina and Armina		g sadal saasi sadaga.	n Nationalization
		Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance befor closing or transfer
Nar	me of Financial Institution		☐ Checking		
Nur	mber Street	-	☐ Savings		\$
		<del></del>	Money market		
City	y State ZIP Code	•••	☐ Brokerage		
	omto all odde		Other		
Non	ne of Financial Institution	_ XXXX	☐ Checking		•
Hair	ne of Financial Institution		☐ Savings		Y
Nun	mber Street	-	☐ Money market		
		<del>-</del>	☐ Brokerage		
City	State ZIP Code	-	Other		
Do you	now have, or did you have within	1 year before you filed for bankrup	cv anv safe denocit ho	r or other densaits	<b></b>
securitie	es, cash, or other valuables?	,	ay, any date deposit bo	cor other depository	ior
	. Fill in the details,				
		Who else had access to it?	Describe the co	ontents	Do you still
			REVENUE		have it?
Mac	ne of Financial Institution				□ No
144[1]	~ v: нанова нацицир	Name			☐ Yes
	nber Street	Number Street			• • •

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btor 1 Shantae D Jackson		Case number (if known)	
First Name Middle Name	Last Name	Gase Hurriper (# known)	
Have you stored property in a stor  No	age unit or place other than your home	within 1 year before you filed for bank	ruptcy?
Yes. Fill in the details.			
res. I si si the details.	Who also has as had a second	Li saku is ka ji saha majara ka	en e
	Who else has or had access to i	t? Describe the contents	Do you sti have it?
Name of Storage Facility	Name		□ No
,	1401100		Yes
Number Street	Number Street		
	City State ZIP Code		
City State Zi	P Code		
SANTEROVANIA SANTEROVA			
art 9: Identify Property Yo	u Hold or Control for Someone Else	•	
	ty that someone else owns? include an		
or hold in trust for someone.	ry mat someone else owns i lucidde su	y property you borrowed from, are sto	ring for,
☑ No			
Yes. Fill in the details.			
	Where is the property?	Describe the property	MEANERIA
			Value (Value)
Owner's Name			
			\$
Number Street	Number Street	<del></del>	
	01:	**************************************	
City State ZII	Code State	ZIP Code	:
11:103 Give Details About E	nvironmental information		
r the purpose of Part 10, the follow			
makardous or toxic substances, wa	eral, state, or local statute or regulation astes, or material into the air, land, soil, ontrolling the cleanup of these substan	SUrface water groundwater or other a	releases of medium,
utilize it or used to own, operate, o	r property as defined under any environ or utilize it, including disposal sites.	mental law, whether you now own, op-	erate, or
	g an environmental law defines as a ha		
substance, hazardous material, po	llutant, contaminant, or similar term.	rardous waste, nazardous substance,	toxic
over all motices, releases, and proce	eedings that you know about, regardles	s of when they occurred.	
Has any governmental unit notified	you that you may be liable or potentiall	v liable under or in violation of an envi	ironmental law?
		,	Connected 104 t
<b>☑</b> No			
Yes. Fill in the details.			
	Governmental unit	Environmental law, if you know it	Date of notice
		t v v v se se e tv te te tv <del>v</del> se se e tv tv te tv.	
			† :
Name of site	Governmental unit	-	<u> </u>
Number Street	Number Christian		
istritibet Offisht	Number Street		
	City State ZIP Code	<del>-</del>	
· ·······	- June 21 COGE		
City State 715 G	**************************************		

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ebtor 1	Shantae D Jackson	Case numb	OOF (Sure co)
	First Name Middle Name La	st Name	CT (a kiown)
25. Have	you notified any governmental unit	of any release of hazardous material?	
<b>1</b>		The state of the s	
	es. Fill in the details.		
-	oo. I in the details.	Governmental unit Environmental I	. O to the transfer of the control o
		COVERTMENTAL USIL COVERNMENTAL I	aw, if you know it Date of notice
	Name of site	Governmental unit	**************************************
	Number Street	Number Street	management and a second a second and a second a second and a second a second and a second and a second and a
		14 THE 1 28 864	
		City State ZIP Code	
		- State Air Code	
	City State ZIP Code	-	
26. Have	You been a party in any judicial or a	dministrative proceeding under any environmental	to the second se
Ø N	-	annuation proceeding under any environmental	law? Include settlements and orders.
	o es. Fill in the details.		
	os. i in in the details.	Assembly to the second of the	
		Court or agency Nature of the	ne case Status of the case
C	ase title	_	
		Court Name	Pending
*****		_	On appeal
		Number Street	☐ Concluded
č	ase number	····	
-		City State ZIP Code	
art 11	Chie Details 6haut Warm D		
		siness or Connections to Any Business	
witiiii	A sole proprietor or solf amplesed	otcy, did you own a business or have any of the fol	lowing connections to any business?
	A member of a limited liability come	in a trade, profession, or other activity, either full-t pany (LLC) or limited liability partnership (LLP)	ime or part-time
	A partner in a partnership	party (LLS) or minted nability partiters (LLP)	
	•	ecutive of a corporation	
		g or equity securities of a corporation	
M No	o. None of the above applies. Go to P		
☐ Ye	s. Check all that apply above and fill	art 12. in the details below for each business.	
	and apply and a different	Describe the nature of the business	Employed Manufacture 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Ë	usiness Name		Employer Identification number  Do not include Social Security number or ITIN.
_			
Ñ	umber Street		EIN:
•	<b></b>	Name of accountant or bookkeeper	Dates business existed
-			
_			From To
Ċ	ity State ZIP Code		
		Describe the nature of the business	Employer Identification number
B	usiness Name		Do not include Social Security number or ITIN.
			EIN:
N	umber Street		
		Name of accountant or bookkeeper	Dates business existed
_			
Č	State 7/D Code	· · · · · · · · · · · · · · · · · · ·	From To

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First Name	Jackson  Middle Name Last	Name Case number	(if known)
		Describe the nature of the business	Employer Identification number
Business Name		ACCEMICAN INCIDENT INCIDENT IN A SECTION OF THE ACCESS OF THE	Do not include Social Security number or ITIN.
			EIN:
Number Street			
		Name of accountant or bookkeeper	Dates business existed
***************************************			
			From To
City	State ZIP Code		17011
No Yes. Fill in the det Name	tails below.	Date issued  MM/DD/YYYY	
City	State ZIP Code		
12: Sign Below have read the answ. nswers are true and	ers on this <i>Statement</i> I correct. I understand bankruptcy case can	of Financial Affairs and any attachments, and I dec I that making a faise statement, concealing property result in fines up to \$250,000, or imprisonment for t	a or obtaining managers were annual to the territ
12: Sign Below have read the answ nswers are true and connection with a	ers on this <i>Statement</i> I correct. I understand bankruptcy case can	l Mai Making a taise statement, concealing propert	a or obtaining management and but the collection
12: Sign Below have read the answ nswers are true and connection with a	ers on this <i>Statement</i> I correct. I understand bankruptcy case can	a that making a faise statement, concealing property result in fines up to \$250,000, or imprisonment for t	a or obtaining management and but the collection
have read the answinswers are true and a connection with a B U.S.C. §§ 152, 134	ers on this <i>Statement</i> I correct. I understand bankruptcy case can	result in fines up to \$250,000, or imprisonment for u	a or obtaining management and but the collection
have read the answinswers are true and a connection with a B U.S.C. §§ 152, 134  Signature of Debtor	ers on this Statement is correct. I understand bankruptcy case can 1, 1519, and 3571.	result in fines up to \$250,000, or imprisonment for the superior of the superior of Debtor 2	y, or obtaining money or property by fraud up to 20 years, or both.
have read the answinswers are true and a connection with a B U.S.C. §§ 152, 134  Signature of Debtor	ers on this Statement is correct. I understand bankruptcy case can 1, 1519, and 3571.	result in fines up to \$250,000, or imprisonment for the superior of the superior of Debtor 2	y, or obtaining money or property by fraud up to 20 years, or both.
have read the answinswers are true and a connection with a B U.S.C. §§ 152, 134  Signature of Debtor	ers on this Statement is correct. I understand bankruptcy case can 1, 1519, and 3571.	result in fines up to \$250,000, or imprisonment for the superior of the superi	y, or obtaining money or property by fraud up to 20 years, or both.
have read the answinswers are true and a connection with a B U.S.C. §§ 152, 134  Signature of Debtor  Date	ers on this Statement is correct. I understand bankruptcy case can 1, 1519, and 3571.	result in fines up to \$250,000, or imprisonment for the superior of the superior of Debtor 2	y, or obtaining money or property by fraud up to 20 years, or both.
have read the answers are true and a connection with a B U.S.C. §§ 152, 134  Signature of Debtor  Date	ers on this Statement is correct. I understand bankruptcy case can 1, 1519, and 3571.  COLUMN  onal pages to Your St to pay someone who	N/A  Signature of Debtor 2  Date  attement of Financial Affairs for Individuals Filing for	y, or obtaining money or property by fraud up to 20 years, or both.

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Debtor 1	Shantae D Ja	ckson		
	First Name	Middle Name	Last Name	***************************************
Debtor 2	N/A			
Spouse, if filing)	First Name	Middle Name	Last Name	
United States	Bankruptcy Court for	the: Northern District of II	linois	Y

Check if this is an amended filing

### Official Form 108

### Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

information below.	f Schedule D: Creditors Who Have Claims Secured by Property (Of	
Identify the creditor and the property that is o	collateral What do you intend to do with the property that secures a debt?	t Did you claim the property
Creditor's name: N/A	Surrender the property.	□ No
Description of	Retain the property and redeem it.	Yes
property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	_
Creditor's name: N/A	☐ Surrender the property.	Ü No
	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	_
Creditor's name: N/A	Surrender the property.	□ No
The state of the s	Retain the property and redeem it.	Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	
	Retain the property and [explain]:	_
Creditor's name: N/A	☐ Surrender the property.	□ No
name.	Retain the property and redeem it.	☐ Yes
Description of property securing debt:	Retain the property and enter into a Reaffirmation Agreement.	·
	Retain the property and [explain]:	_
		<del></del>

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Da	htnr	4

Sł	nantae	D	Jackson

Debtor 1	Shantae D			Construction and	
	First Name	Middle Name	Last Name	Case number (If known)	

#### **List Your Unexpired Personal Property Leases** Part 2:

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Lessor's name: N/A		☐ No
Description of leased property:	terreten te merek erretek erre	☐ Yes
Lessor's name: N/A		
Description of leased property:		☐ Yes
Lessor's name: N/A		□ No
Description of leased property:		Yes
essor's name: N/A		□ No
Description of leased property:		Yes
essor's name: N/A		□ No
Description of leased property:		Yes
essor's name: N/A		□No
Pescription of leased roperty:		Yes
essor's name: N/A		□ No
Description of leased property:		Yes
era karangan a tahun dalam asa sa		
Sign Below		
der penalty of perjury, I decia rsonal property that is subjec	re that I have indicated my intention about any property of to an unexpired lease.	f my estate that secures a debt and any
0.	N/A Signature of Debtor 2	
	Signature of Debtor 2	
ate 01/17/2017		